MEDICAL COLLEGE OF GEORGIA

TODAY

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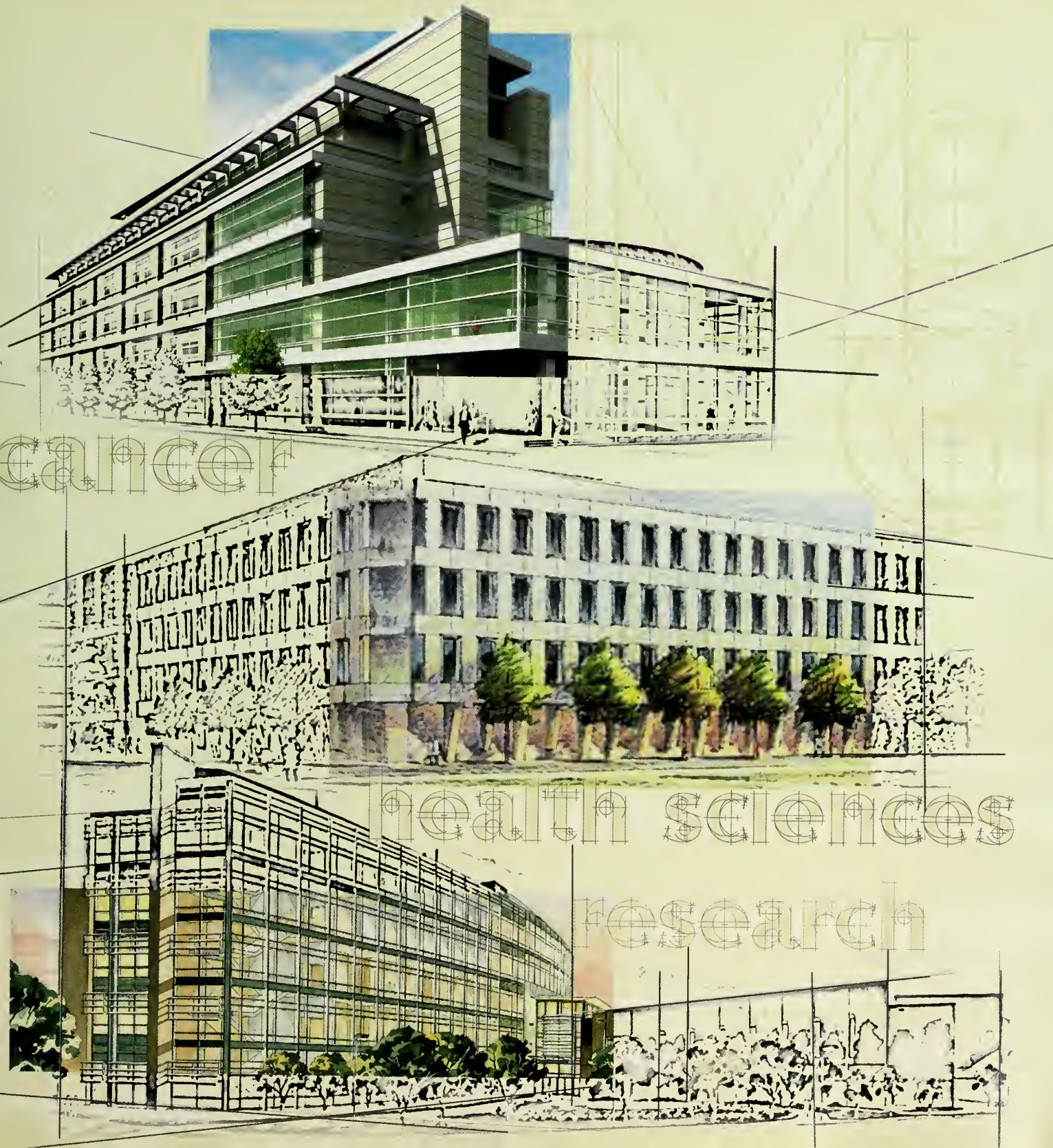


Greetings,

It would be difficult to overstate the level of energy and activity on the Medical College of Georgia campus. In the past few years, MCG's research, clinical and educational activities have consistently exceeded targets. We have worked hard to assess our strengths, confront our challenges and develop strategies to make MCG one of the nation's premier health sciences universities.

Strategic planning often requires stepping back to take an objective look at where we are so we can determine the best way to move in a new direction. That's what we have done over the past year with this magazine. What we didn't count on was how much our readers count on *MCG Today* to keep in touch with the institution and with each other. It has been a pleasant surprise to hear how much it has been missed. So, even though we haven't completed the transformation, we have heard you and responded.

This issue of *MCG Today* can be considered a transitional issue; you'll see subtle improvements indicating the good things to come. We have expanded the news and alumni sections to highlight the successes of our faculty, students and graduates, and enhanced the design to make it more appealing and readable. And, we've included a reader survey, so you can let us know what you think.

We hope you enjoy this issue of *MCG Today* and that you'll stay in touch as we work together to bring the Medical College of Georgia to national prominence. Thank you for your continued support.

Sincerely,

Daniel W. Rahn, M.D.
President, Medical College of Georgia

MCG Health System

Dear Readers,

It has been a busy and successful year for the MCG Health System and we are pleased to be able to share the news of those successes through *MCG Today.*

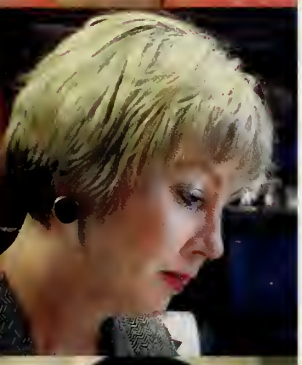
As an academic medical center, MCG Health System is committed to staying on the forefront of treatment for patients and education for the next generation of health professionals. MCG Health System's inclusion on Solucient's 100 Top Hospitals list last year—three years ahead of schedule—was just one achievement in a long list of goals to put us in the top quartile of academic medical centers nationwide.

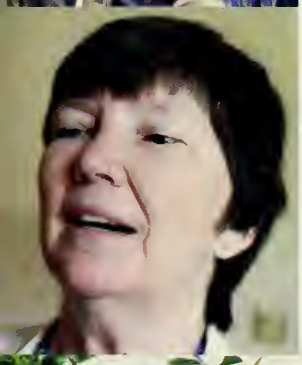
The partnership between the Medical College of Georgia and the MCG Health System serves as an important alliance for delivering tomorrow's medicine today. We provided 430 residents with hands-on clinical experience, helped fund the education of 731 medical, 345 nursing and 473 allied health sciences students, and contributed to overhead and expenses on 75 research projects.

With clinical quality at the top of our list of strategic initiatives, we are working hard to educate consumers so they'll be more apt to identify and demand clinical quality. This magazine is an important tool in that educational process. Through the stories in *MCG Today,* we want to share the clinical advances, facility improvements and medical triumphs of our physicians and patients, and to advance knowledge of health and disease throughout the state and southeastern U.S. We value your support and encourage your feedback.

Sincerely,

Don Snell
President and Chief Executive Officer,
MCG Health, Inc.





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On the Cover: MCG's Cancer Research Center (from top), Interdisciplinary Research Building, Phase Two and Health Sciences Building. Composite illustration by Pam Hayes.

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2004 Legislative Session Wrap-Up

R. Bryan Ginn Jr.
Vice President for External Affairs

The Georgia Legislature issued a resounding vote of confidence in the mission of the Medical College of Georgia during its 2004 session.

Acting on the recommendation of Gov. Sonny Perdue, the legislature approved a special funding initiative appropriation of $5 million to support MCG's ever-expanding but focused research initiative. These resources will be used to build and support research strength in areas identified by MCG as having the most impact on Georgians statewide—cancer, cardiovascular disease, diabetes/obesity, infection/inflammation and neurological diseases.

MCG Health System received continued support for its contribution to MCG's teaching mission as well.

Although the fiscal 2005 budget carries forward a 2.5 percent budget reduction from fiscal 2004 and an additional 5 percent reduction applied to fiscal 2005, Gov. Perdue's funding recommendations incorporated into the University System's budget included $108 million in new funds based on enrollment increases, $55 million of the $60 million requested to cover major repairs and renovations to facilities and $18.8 million for salary increases, effective Jan. 1, 2005.

The session evoked significant debate on other topics of interest to the MCG community, including tort reform (prompting no fewer than 70 bills), HOPE scholarship reform, limitation of Medicaid services and higher-education funding.

MCG and its dedicated faculty and staff continue to build on a solid foundation with our partners in the executive and legislative branches of state government. We appreciate the efforts of our elected officials in providing financial support as we seek to fulfill the MCG mission of improving health and reducing the burden of illness upon society.

New Nursing Dean

Dr. Lucy N. Marion

Dr. Lucy N. Marion, professor and department head of public health, mental health and administrative nursing and associate dean for academic nursing practice at the University of Illinois at Chicago College of Nursing, has been named dean of the Medical College of Georgia School of Nursing. She begins this summer.

She succeeds Dr. Katherine Nugent, interim dean since 2003 and professor of nursing science and graduate studies.

"With Dr. Marion's strong background in research, education and advanced nurse practice, she is exceptionally qualified to advance the school's mission while complementing MCG's overall goal of becoming a premier health sciences university," says MCG Provost Barry Goldstein.

"From its position of leadership in Georgia, the MCG School of Nursing has the opportunity to become known as a major force in innovation and distinction in nursing and health care education, research and practice in the South and beyond," says Dr. Marion. "It is my honor and privilege to serve as dean of this excellent school as MCG becomes truly a premier academic medical center. I also am very pleased to return to the great state of Georgia, my childhood home."

Dr. Marion earned bachelor's and master's degrees in nursing from the University of South Carolina and a Ph.D. in nursing science from the University of Illinois at Chicago. She served on the University of South Carolina College of Nursing faculty from 1968 to 1993, at which time she joined the University of Illinois at Chicago faculty.

She received a Distinguished Alumnae Award from the University of South Carolina, a National Primary Care Policy Fellowship from the U.S. Public Health Service and membership in the inaugural class of the Robert Wood Johnson Foundation Executive Nurse Fellowship. (Related story, page 55.)

Top Performer

The University HealthSystem Consortium recently identified MCG Health System, UMass Memorial Health Care and Harbor-UCLA Medical Center as the top three performers nationally in ambulatory clinic operational effectiveness and physician productivity.

The UHC studied the physician productivity,

financial performance, patient satisfaction, access to appointments, staffing ratios and mix and exam room utilization of 25 medical centers to pinpoint the characteristics that lead to high performance and consistent results in ambulatory care. The research determined that outstanding performance depends on organizational support for ambulatory care, physician involvement in managing clinic operations and setting performance targets, and accountability via performance standards and measures. Adequate resources such as staff, physician extenders, exam rooms and technology, and highly motivated staff and physicians are also contributing factors.

The UHC cited MCG Health System for having a common vision among the leadership of the health system, the Physicians Practice Group and MCG and having incentive programs aligned systemwide.

Star Wars Technology

MCG Health System pathologists are the first in the region to begin using a new cellular-imaging system that helps analyze immunostained slides for cancer testing. The technology behind the system was originally developed by NASA as part of the Strategic Defense Initiative, or Star Wars.

Intended to reliably distinguish active warheads from decoys, the patented process has been adapted to detect, count and classify human cells based on color, size and shape. The ChromaVision Automated Cellular Imaging System uses a patented technology known as Color Space Transformation to help pathologists provide precise, accurate and consistent results for a number of tests.

Studies have shown that when assisted by ACIS, pathologists can reliably and consistently analyze cells and tissue in ways that were previously tedious or impractical using only the human eye and a microscope. ACIS is sensitive and specific enough to detect just one tiny abnormal cell among more than 100 million cells.

"The ChromaVision system certainly enhances the role of the pathologist in diagnosing cancers," says Dr. Richard Hessler, section chief of anatomic pathology. "Our interpretation, combined with the comprehensive data this system provides, allows us to more accurately pinpoint and detect cancer cells. This in turn assists our oncologists in providing the best treatment tailored to each patient's needs."

ACIS is primarily used to detect breast cancers, but also has applications for gastrointestinal tumors. The system can be used with virtually any immunohistochemical and immunocytochemical stain.

Alzheimer's Databank

A growing databank with details about Alzheimer's disease patients is helping unravel the mysteries of the degenerative brain disease.

"A lot of people are really interested in helping us find out what causes this disease," Dr. Jerry J. Buccafusco, director of MCG's Alzheimer's Research Center, says of the Neurological Diseases Databank Repository.

Studies already making use of the data include examining the autoimmune aspects of the disease and determining whether routine medical tests provide early indications of the disease. The databank also will eventually pave the way for patients to access clinical trials evaluating emerging treatments.

Dr. Jerry J. Buccafusco

"We are characterizing their disease and correlating that with markers in their blood and DNA," Dr. Buccafusco says. Patients are examined at the MCG Senior Center, then re-examined every six months to provide longitudinal data. Test information is strictly confidential. MCG also has an Alzheimer's DNA Bank, directed by neuroscientist Dr. Shirley E. Poduslo, whose studies include pursuit of the genes responsible for late-onset Alzheimer's.

For more information about the Alzheimer's research study, call Dr. Buccafusco's office at (706) 721-6355, e-mail vcherry@mcg.edu or visit www.mcg.edu/centers/alz/. For more information about Dr. Poduslo's gene bank, call her at (706) 721-0609 or 1-866-207-1267, e-mail her at spoduslo@mcg.edu or visit www.mcg.edu/alzres/.

Lake Oconee Site

MCG Health, Inc. has purchased 1.8 acres in Lake Oconee Village at the gateway to Reynolds Plantation near Madison, Ga., for a new facility to house primary care, specialty care and subspecialty care in a community office setting. The facility will be leased to the MCG Physicians Practice Group, which will operate the practice.

"The medical office will provide internal medicine and pediatrics on a daily basis with weekend and holiday urgent care," says MCG Health, Inc. President Don Snell. "In addition, MCG faculty specialists and subspecialists will provide care at the site on a rotating

basis. And we have already formalized relationships with two of the three area hospitals and are working very closely with them to help improve the quality of medical care within the region."

Roughing It

No matter how capable a health care provider is, would he know how to handle a medical emergency during a camping trip in the wilderness?

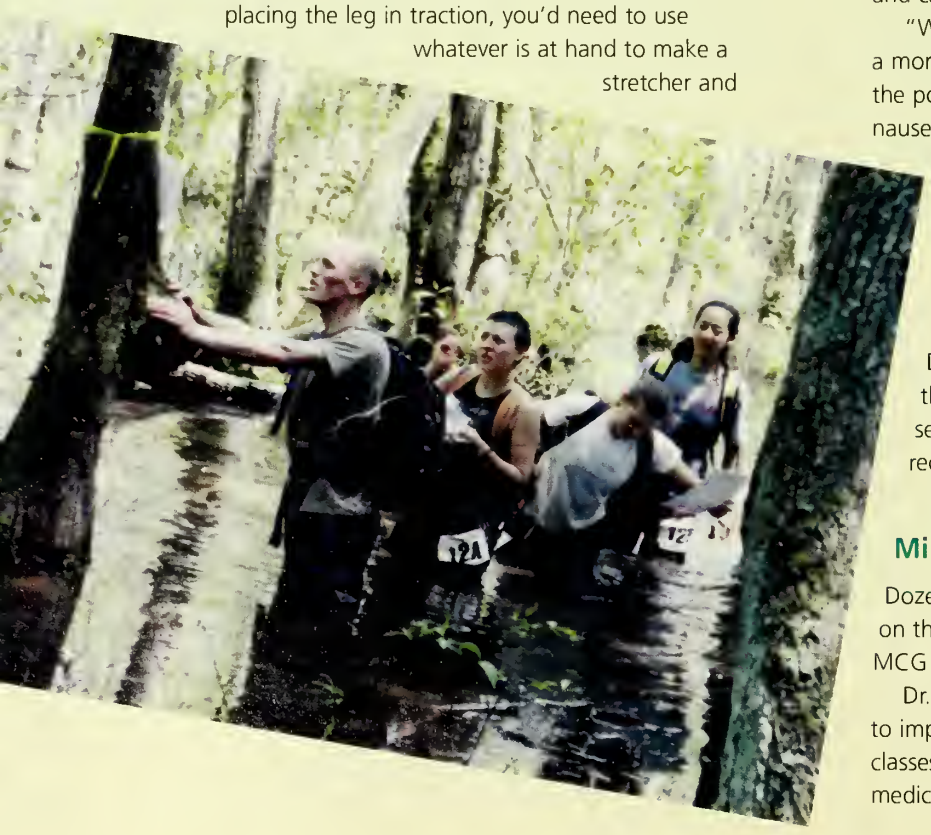
Health care professionals, residents and students found out during the fourth annual Medical Wilderness Adventure Race April 24 at Fort Gordon, Ga., sponsored by the MCG Department of Emergency Medicine. The competition divided participants into teams, then had them race through several simulated emergencies.

"The race was a huge success with teams from all over the United States and Canada," says Tom Forney, MCG medical student and race director. Team activities include rescuing victims from a helicopter crash, sloshing through swamps, canoeing across lakes, shooting targets, traversing a body of water, finding a lost team member and completing wilderness medical scenarios to move on to the next element of the race.

"Say you and a friend are rock-climbing and your friend falls 30 feet and breaks his femur," says Mr. Forney. "After checking for spinal injuries and placing the leg in traction, you'd need to use whatever is at hand to make a stretcher and find a way to safely evacuate. These scenarios are as close to reality as possible, but the clock is constantly ticking to finish first."

Win or lose, however, every team came out on top with a newfound respect for health care in the wilderness—and the confidence that they can handle it.

MedWAR participants cross a swamp to rescue a teammate lost in the woods.



Individually Tailored Anesthesia

A new patient-monitoring system ensures that patients receive precisely the amount of anesthesia they need during a procedure, eliminating some potential side effects and speeding recovery time.

Bispectral Index System enables anesthesiologists to individually tailor the dose of anesthesia. During surgery, a sensor placed across a patient's forehead continuously monitors brain waves. The brain waves are computed into a number ranging from 100 to zero that correlates to a patient's level of consciousness. At 100, the patient is wide awake and under 60 the patient is unconscious. Anesthesiologists use these numbers to adjust dosage to control pain and induce unconsciousness throughout an operation.

Before the BIS, anesthesiologists had to rely on vital signs to determine if a patient required more or less anesthetic. But these are imprecise measures and can lead to complications.

"With the BIS, we know we are giving each patient a more exact amount of anesthetic, which can lessen the postoperative side effects of the drugs, such as nausea and vomiting, and allow for faster, more predictable recovery after surgery," says Dr. James Mayfield, vice chair of anesthesiology and perioperative medicine. "Patients wake faster, feel more alert and go home earlier. We are now among the 55 percent of top-ranked institutions utilizing these devices."

Dr. Mayfield is heading a multi-center study of the new system, collecting data over the next several months and tracking responses in the recovery room to compare to past data.

Mini-Med School

Dozens of Augusta-area residents have boned up on their medical expertise, thanks to efforts by MCG Professor Alan Roberts.

Dr. Roberts secured grant funding from Pfizer, Inc., to implement the MCG Mini-Medical School, providing classes for the public to learn more about science and medicine. MCG faculty members and guests from

institutions including the Centers for Disease Control and Prevention teach courses on topics including antibiotics, gene therapy and healthy sleep habits.

MCG has hosted two six-course series since the program began last fall. "Turnout has been very good," says Dr. Roberts. "We have a diverse crowd, which means we are providing information to many segments of our community. That's really the point of the project, to educate as many people as possible."

For more information, contact the MCG Division of Continuing Education at (706) 721-3967 or (800) 221-6437. To purchase a videotaped copy of the mini-med school lectures, call (706) 721-3811.

Bloodless Medicine

MCG Health System has implemented the Augusta area's only bloodless medicine program.

"I think you'd be surprised who among our patients are interested in bloodless medicine," says Walter Quiller, program coordinator. "Of course, Jehovah's Witnesses come to mind, but other patients prefer it."

"Cutting-edge technology such as bloodless medicine is very consistent with MCG Health System being a world-class academic medical center," says Don Snell, president and chief executive officer. "By offering bloodless medicine, we become a part of an elite group, one of only 180 around the world."

Bloodless, or transfusion-free, medicine uses multi-specialty pathways to minimize blood loss during medical treatment, including surgery. Also, a patient's own blood is collected and retained immediately before and during the procedure to be used if necessary, precluding the need for donor blood transfusions. Bloodless medicine represents an ongoing, worldwide paradigm shift toward comprehensive blood conservation efforts.

"Bloodless medicine is an accepted modern medical specialty," says Mr. Quiller. "In fact, it may usher in a whole new era in standards of care."

GERD Relief

Sufferers of gastroesophageal reflux disorder know the condition is more than just a bad case of heartburn. It is a constant discomfort that can escalate to sharp pain, much like a heart attack.

A new, less invasive procedure is available to treat and prevent the reflux of stomach acid that causes GERD pain. The Stretta procedure uses radio frequency energy to shrink the opening between the stomach and lower-esophageal sphincter. A normally functioning sphincter acts as a one-way valve to prevent acid from refluxing into the esophagus; Stretta helps improve its function.

"Fourteen million adults across the United States suffer from GERD," says Dr. Robert Schade, chief of gastroenterology. "Why GERD happens is not completely clear. But what is clear is that the longer this acid is allowed to come up into the esophagus, the more injury is sustained by the GERD sufferer."

Traditional therapies for GERD include diet/lifestyle modifications, prescription medicines and anti-reflux surgery. In contrast, Stretta is a 45-minute outpatient procedure.

"Anti-reflux surgery is a big surgery, but it continues to be an option for some patients," said Dr. Bruce MacFadyen, chief of general surgery. "However, for those patients whose medications no longer are providing the same relief, Stretta could be an option."

Clip Vs. Coil

Until recently, surgeons had just one option for treating aneurysms: surgical clipping. But some medical centers, including MCG Health System, now offer endovascular coiling—a less invasive procedure that uses arteries' natural access to the brain to treat aneurysms.

The procedure packs the aneurysm with coils to occlude blood flow into the aneurysm, reducing the risk of rupture. Interventional neuroradiologists first identify the location and nature of the brain aneurysm using angiography. The radiologist prepares the patient for the actual procedure by placing a catheter from the femoral artery into the aneurysm using fluoroscopic imaging. Platinum coils are then fed through the catheter into the aneurysm using a delivery wire. Coils are packed into the aneurysm, then detached from the delivery wire using an electrical current.

Many factors must be considered when determining whether to coil or clip. Dr. Jeffrey Stone, an

interventional neuroradiologist at the MCG Neuroscience Center, warns that coiling is not necessarily less risky than clipping—just less invasive. MCG Neuroscience Center physicians do not view the two procedures as competitors. Patients with aneurysms, whether ruptured or not, are assessed by a multidisciplinary team that recommends the procedure deemed most effective for each individual case.

MCG's dedicated neurointerventional suite features specialized imaging technology including a biplane unit and complete anesthesia capabilities.

Halting HPV

A new study of a human papillomavirus vaccine seeks to determine the optimal dosage for young boys and girls.

Preliminary results from an initial study, funded by Merck and Co., were published in the November 2002 edition of the *New England Journal of Medicine*. MCG was one of several nationwide sites participating in the study in which people age 16 to 23 were given a vaccine for the most common strain of HPV (HPV 16), a virus generally transmitted through sexual contact and the leading risk factor for cervical cancer.

Dr. Daron Ferris and fellow researcher Dr. Eileen Dickman

The study is ongoing, but the first two years' worth of data presented impressive evidence that the vaccine is safe and effective, according to Dr. Daron Ferris, professor of family medicine and obstetrics/gynecology at MCG. Dr. Ferris, who also directs MCG's Gynecologic Cancer Prevention Center, coordinates the university's participation in the study. "The vaccine appears safe, and none of the participants receiving the vaccine became infected with HPV 16," Dr. Ferris says.

A newer vaccine should protect not only against HPV 16, but against genital warts and another common strain, HPV 18. "HPV 16 and 18 cause about 75 percent of cervical cancers, so the vaccine has huge potential to save lives or prevent people from developing a horrendous cancer," Dr. Ferris says.

The dosage study is testing varying dosages of the new vaccine on people age 10 to 23. MCG is enrolling 100 non-sexually active children age 10 to 15 in the study, plus another 100 women age 16 to 23. "Ideally, the vaccine needs to be administered before people become sexually active," Dr. Ferris says. "We're trying to determine the amount of the vaccine suitable to develop a proper antibody response."

Tumor Board

Newly diagnosed cancer patients are often forced to wade through multiple appointments with several specialists before finally arriving at the best treatment option. The process has now been simplified for patients with head and neck cancers, thanks to a multidisciplinary Head and Neck Tumor Board at MCG Health System.

The first of its kind in the area, the Tumor Board is unique in that all members personally evaluate head and neck tumor patients and work together to determine the best treatment. Patients see the entire team in one visit.

"Determining a treatment plan can involve a long and frustrating trail from one doctor to another for patients newly diagnosed with head and neck cancer," says Dr. David Terris, chair of otolaryngology and the physician spearheading the board. "This joint approach allows us to identify the best treatment option for individual patients while giving them access in a more efficient manner to all the specialists who might be responsible for their care."

Heart Hole Repair

The MCG Children's Medical Center is one of a few sites around the country to offer a new device that repairs certain holes in the heart without surgery.

Congenital heart defects occur in roughly eight of every 1,000 newborns, with atrial septal defect being the fifth most common. ASD is a deficiency of tissue between the left and right atria, or the top left and right chambers of the heart. This causes an excess of blood to be pumped into the top right chamber of the heart, forcing the heart to work harder. ASD can lead to heart failure, pulmonary hypertension and early death.

The new device, known as an Amplatzer Septal Occluder, is a saucer-shaped form of wire mesh filled with polyester fabric that cardiologists thread into the heart via a catheter inserted through a vein in the

groin. Its unique shape and specialized delivery system allow a cardiologist to place it precisely, confirm placement, then release it. The device immediately blocks the opening between the atria, and over the course of three to six months, heart tissue grows over the device, ensuring complete closure.

The occluder is a refinement of past methods, such as open-heart surgery, which were more invasive and risky. Benefits include a shorter hospital stay and recovery time, with patients often going home the next day. In addition, there is no scar.

Biostatistics, Informatics Programs

The Medical College of Georgia has developed a master of science degree in biostatistics and a master of public health degree with a major in health informatics.

The programs are part of a University System of Georgia strategic plan for public health education.

The biostatistics program will prepare students to analyze quantitative biological or medical data and provide assessments for clinical research or public health needs. MCG plans to accept five to 10 students into its first class in 2005. For more information about the program, contact Dr. David Smith, director of the MCG Office of Biostatistics and Bioinformatics, at (706) 721-3785.

The public health degree with a major in health informatics will prepare students to improve the health of populations by managing health organizations and health information systems in hospitals, health maintenance organizations, clinics, public health departments and other health care-related institutions. MCG plans to accept three students into its first class in 2005, five the second year and eight the third year. For more information about the program, contact Dr. Carol Campbell, chair of the MCG Department of Health Informatics, at (706) 721-3436.

Taking Flight

MCG Health System has acquired one of the world's quietest commercially available helicopters, the Eurocopter EC 130, for patient transport.

The helicopter includes a state-of-the-art Advanced Life Support medical interior system. "Our greatest concern is the safety and well-being of our patients, particularly when they are en route to us from an accident or are in need of other emergent care," says Dr. Phillip Coule, director of emergency medical services. "The Eurocopter EC 130 offers the latest, top-notch medical support for our transport team."

MCG Health System's newly acquired helicopter provides patients with state-of-the-art air transport.

Other benefits include a wider cabin and rapid start-up to allow for faster response times. MCG LifeNet is stationed at Daniel Field, which allows for more flexibility in flight operations. Patients will continue to be brought to the roof of the MCG Children's Medical Center and transported to the hospital for treatment.

MCG Health System entered a partnership with Air Methods to provide patient air transport via the MCG LifeNet program in April 2003. Air Methods provides air medical transportation services to more than 40 hospitals nationwide.

Sight Saver

MCG Health System recently participated in a diabetic retinopathy screening pilot project in collaboration with the Department of Human Resources, Lions Club of Georgia and Emory Eye Center. The project aimed to decrease vision loss through early detection and treatment. The services were available in two health districts covering Dade, Chattooga, Walker, Catoosa, Gordon, Floyd, Bartow, Polk, Paulding, Haralson, Wilkes, Lincoln, Taliaferro, Warren, McDuffie, Columbia, Glascock, Richmond, Jefferson, Burke, Emmanuel, Jenkins and Screven Counties.

The program was created through a $100,000 grant from the Department of Human Resources and matching funds from MCG Health, Inc. and Emory.

Laparoscopic Kidney Donation

MCG Healthy System's kidney transplant program recently performed its first laparoscopic kidney donation.

Laparoscopy, which enables surgery through small incisions as physicians view their work on a television monitor, is less invasive than traditional surgery and minimizes hospital stays, recovery time and potential complications. A similar procedure is hand-assisted laparoscopy, in which a larger incision is made so that a surgeon may insert a hand inside the patient's body to assist during the surgery.

Curbing Elder Mistreatment

Longevity runs in Dr. Chloe Little's family—and she wants to do everything possible to optimize the senior years not only for her loved ones, but for all elders.

Dr. Little, assistant professor of physical therapy, has scoured scientific literature to glean information about how elders are treated—or, sadly, mistreated—in the last years of their lives.

Physical frailty, cognitive impairment and other potential aging-related deficits can conspire to make older people particularly vulnerable to abuse or neglect, says Dr. Little. The most typical abuser, she notes, is a loved one. "People tend to think most elder mistreatment occurs within nursing homes, but about 95 percent of elderly people live at home. That is where most of the abuse is occurring."

Like child abuse, elder mistreatment defies generalizations and cuts across every social, ethnic and economic boundary. But according to Dr. Little's research, most victims in the United States are frail, widowed, Caucasian and age 75 or older. Their abusers are often offspring or other caregiving family members, Dr. Little says, noting that abusers were often abused themselves as children.

Dr. Chloe Little

Education is vital, she said, to turn the tide. As first-line protectors, all health care providers must understand risk factors, warning signs, symptoms and other indications of elder abuse, Dr. Little says. They then must work together, pool their training-related resources and dig deeper, particularly if the patient is physically or cognitively impaired.

A Clear Improvement

Tim McNeill ended 30 years of extreme nearsightedness when MCG Eye Care Associates performed a LASIK procedure.

He has been amazed ever since. "Before the procedure, I couldn't see the biggest 'E' on the eye chart," he says. "When I went in for the follow-up the very next morning, less than 24 hours later, I was already seeing slightly better than 20/20. After being nearly blind for my entire life, I am amazed that I can wake up every morning with perfect vision."

"The goal of LASIK is to maximize uncorrected distance vision and thus reduce the patient's dependency on glasses or contact lenses," says Dr. David Bogorad, director of MCG's LASIK program. "The procedure is superior to vision correction techniques of the past because it offers both improved accuracy and has a faster recovery time for the patient."

"LASIK has greatly improved my life in so many ways," Mr. McNeill says. "For anyone who has thought of having the procedure, I recommend going in for a free evaluation to see if you are a good candidate. The individual attention and personal care of the staff is excellent."

LASIK isn't for everyone, but Dr. Bogorad reports that more than 98 percent of LASIK patients see well enough to drive without glasses or contacts. "We work with you on an individual basis to determine exactly the type of correction you need to get the vision you want."

Breathing Easier

Physicians and respiratory therapists at the MCG Children's Medical Center are implementing a new Inpatient Asthma Care Pathway that will include patient education on triggers for asthma and the use of inhalers and peak flow meters. The Pediatric Pulmonary Function Lab in the Ambulatory Care Center will help evaluate the patients, perform spirometry (lung function testing) and work as part of the Asthma Center team to ensure that the asthma action plans are effective.

"Asthma is the leading serious chronic illness among children and is the third most common cause of hospitalization among children under 15," said respiratory therapist Reva Crandall. "Asthma accounts for 14 million lost school days annually and is the primary cause of school absenteeism attributed to chronic conditions."

An asthma episode is a series of events that results in narrowed airways, including swelling of the lining of airways, tightening of the muscle around the airways and increased mucus secretion. The narrowed airway impedes breathing.

"We have a number of services that can help patients better manage their asthma," says Ms. Crandall.

Patient/Family-Centered Care

A team headed by Nurse Manager Roslyn Marshall recently turned MCG Medical Center's neuroscience unit into a patient/family-centered care unit. What's different about it? The aesthetics and practices conform to the tenets of patient/family-centered care.

"Overall, the environment will be less institutional and more family-friendly," says Ms. Marshall. "Some people mistakenly think that patient/family-centered care means letting the patients and families do whatever they want, and that scares many people. It isn't that. It is giving patients and families choices, making compromises."

The unit has been remodeled to include a large family lounge area complete with child-size furniture so even the youngest visiting family member will have a comfortable place to relax.

Other features include large and private rooms so family members can sleep over; a kitchenette area so they can prepare hot meals and snacks; a consumer resource area so families can learn more about their loved one's medical condition; additional directional signage; a Healing Arts Program that provides music for patients and families; and staff education and training in patient/family-centered care.

Comfort Food

When Shirley McBride brought a basket of food to a friend whose son was a patient at the MCG Children's Medical Center more than two years ago, she had no idea what was about to begin. "I took the food to my friend out of love and compassion, not because she needed it," says Ms. McBride, the founder of the CMC Peanut Butter & Jelly Program that provides food for CMC patients and their families. "After leaving the hospital, my friend told me about another patient and family from Florida who had no friends in the area. The father did not have any money for food. My friend shared the basket and was glad to see the one source of food help two different families."

Ms. McBride thought back to her own family's experience at the CMC. "We lost our second daughter in March of 2000. I remember how blessed my husband and I were to have our family and friends close by. We did not go hungry a single moment while caring for our daughter. I simply could not imagine going through a similar situation and not having the means to obtain anything to eat."

Ms. McBride went to the members of her church, Sweetwater Baptist Church in North Augusta, S.C., and explained the need. Donations poured in and the program began.

Today, jars of peanut butter and jelly are supplemented with donated and discounted food from the Golden Harvest Food Bank, PepsiCo Inc. and other organizations. "At first, our program was intended to meet the needs of parents and families, but slowly it has moved into meeting patients' needs as well," says Ms.McBride.

"Ms. McBride puts in many hours each month to make sure that this program is successful," says Julie Moretz, director of Family Services Development. "She has developed it far beyond PB&J. We've had so many families tell us how nice it is to have this available."

Building Momentum

3 New Facilities Mark Era of Unprecedented Growth

CITING "THE MOST significant advance in health care in our state ever," U.S. Rep. Max Burns was one of many dignitaries on hand April 23 to help the Medical College of Georgia celebrate its 175th anniversary by introducing three new campus buildings to the community.

MCG chose homecoming weekend to break ground on its Health Sciences Building and Cancer Research Center and to cut the ribbon on Phase Two of its Interdisciplinary Research Building. The three facilities represent a $118 million investment in Georgia's health sciences university.

"It's an important moment in the life of any university when you break ground on a building and demonstrate that progress is being made," said University System of Georgia Chancellor Thomas C. Meredith during the ceremonies. "I think this is the first time in the history of the university system that three have happened at once. This reflects how fast things are moving at MCG, the quality of its work and the national recognition of what's happening here."

The facilities will help MCG take enormous strides forward, he said—a process that already has great momentum. "The quality of people coming to MCG day after day after day is proof that they recognize the potential of this great medical center," said Chancellor Meredith, referring to the many world-renowned scientists and clinicians MCG has recently recruited. "They want to be part of it. That makes me want to pop, I'm so excited."

That sentiment was echoed by the many other state leaders

U.S. Rep. Max Burns (left) and University System of Georgia Chancellor Thomas C. Meredith (below)

Left: MCG President Daniel W. Rahn during Interdisciplinary Research Building Phase Two ribbon-cutting. Right: Regent Tim Shelnut and MCG President Emeritus Francis J. Tedesco lead administrators in ribbon-cutting.

on hand. Congressman Burns, who represents Georgia's 12th District, cited his personal interest in MCG's progress.

"My mother died of cancer in 1959 less than 500 yards from where I stand today," he said during the groundbreaking of the Cancer Research Center. "Fifteen years later, my father died of cancer. Six years ago, my wife was diagnosed with cancer. But she is a survivor, which is what we must ensure that every cancer patient can be. [Supporting funding] for this facility was the easiest decision I've ever made in Congress."

MCG President Daniel W. Rahn emphasized that the buildings aren't nearly as important as the energy and ideas they will house. The facilities, he said, will enable vast progress in research, education and clinical care, building on a 175-year foundation of excellence. "The real celebration," he said, "is of the unprecedented level of work by our faculty and staff that make this expansion possible."

The Health Sciences Building, a five-story, 183,000-square-foot facility, will house MCG's Schools of Allied Health Sciences and Nursing. The Cancer Research Center, a $54 million building scheduled for completion in May 2006, will accelerate MCG's progress in cancer treatment, diagnosis and research.

Phase Two of the Interdisciplinary Research Building, a 94,000-square-foot structure, is now housing the researchers, laboratories and equipment that will advance research in areas such as diabetes, hypertension, biotechnology and genomic medicine. During the building's groundbreaking, he announced to roaring applause that MCG just received its largest single competitive award: an $11 million National Institutes of Health Program Project Grant to advance the hypertension research of Dr. R. Clinton Webb, chair of the Department of Physiology.

Chancellor Meredith quoted Mark Twain in capturing the mood: "You can be on the right track, but if you just sit there, you'll get run over," he said. "MCG is on the right track and is moving forward."

—CHRISTINE HURLEY DERISO

From top: Cancer Research Center, Health Sciences Building, Interdisciplinary Research Building, Phase Two

MCG's Largest-Ever Single Competitive Award Targets Hypertension

UNDER PRESSURE

UNDERSTANDING THE relationship between small proteins that regulate inflammation and the big problem of hypertension is the focus of a major new research program at the Medical College of Georgia.

An $11 million, five-year grant from the National Heart, Lung and Blood Institute of the National Institutes of Health will help MCG researchers determine if there is a direct cause-and-effect relationship between the two, a finding that could open the door for a new approach to treating hypertension.

"We know there is a correlation between low levels of pro-inflammatory mediators, called cytokines, and high blood pressure," said Dr. R. Clinton Webb, chair of the MCG Department of Physiology and principal investigator on the new NIH Program Project grant. "But we want to know what role these cytokines play in blood pressure elevation and hypertension."

The result could be new, direct targets for treating high blood pressure, a problem that the American Heart Association says affects one in four American adults and is a major risk factor for heart disease.

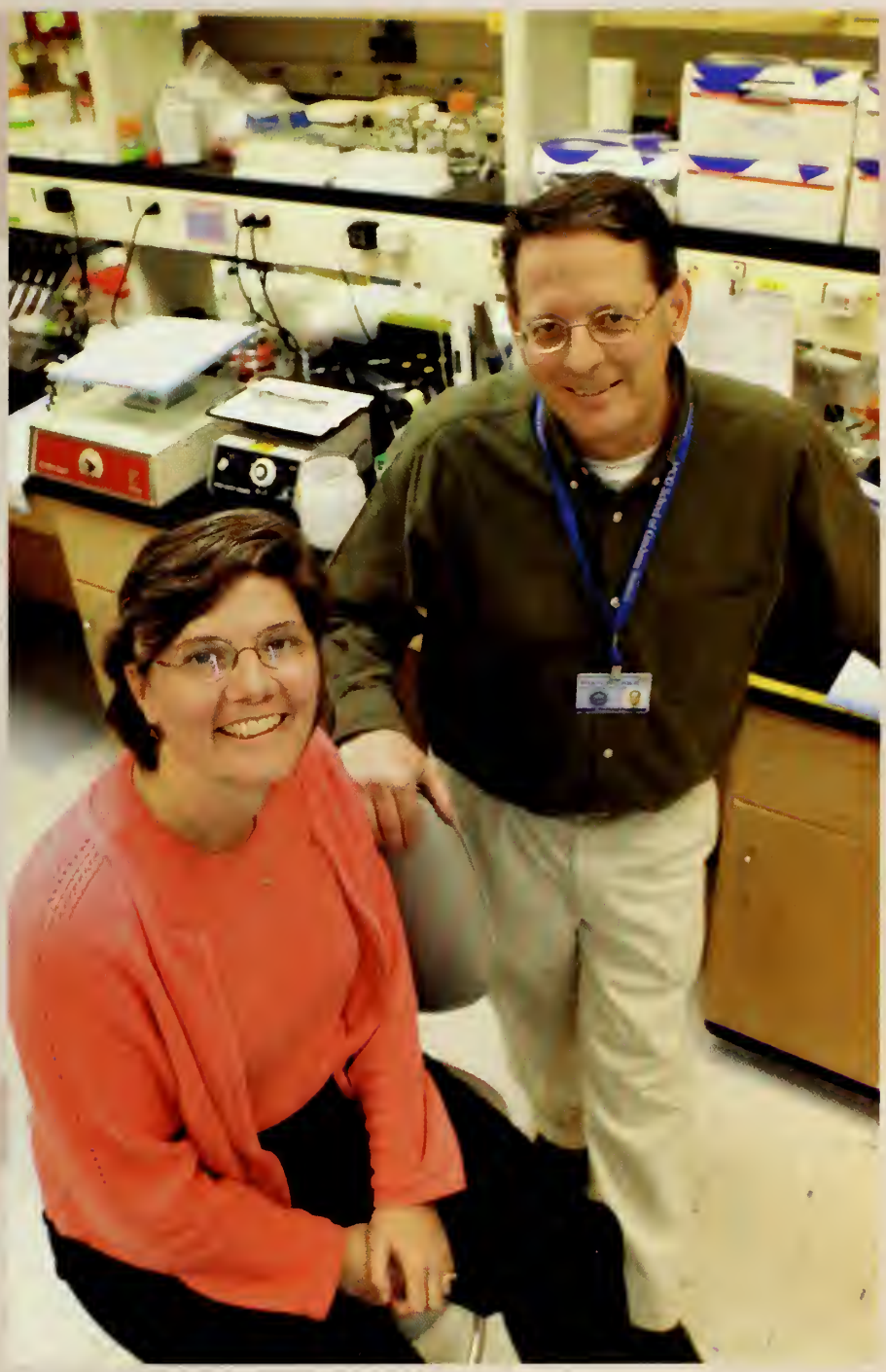
The first link between inflammatory mediators and heart attacks came with a study published in 1997 in the *New England Journal of Medicine* by Harvard University's Dr. Paul Ridker correlating higher levels of one element of the inflammatory cascade—the increasingly well-known C-reactive protein—with heart attacks. More recently, Dr. Ridker's group found

Drs. R. Clinton Webb (right) and Edward W. Inscho

that higher blood levels of the mediator interleukin-6—which rises during inflammation and actually stimulates C-reactive protein—correlates with higher blood pressure. Many physicians now prescribe a daily baby aspirin for those concerned about heart disease and have begun testing C-reactive protein levels to help predict a patient's risk for heart attack.

"Right now, there is a lot of correlation if you look at the literature between C-reactive proteins, interleukin-6, correlations between a lot of inflammatory markers and cardiovascular disease, blood pressure and myocardial infarction," said Dr. Mike Brands, MCG cardiovascular-renal physiologist and a project leader on the grant. "These things correlate, but [we lack] cause-and-effect evidence. There really has not been a comprehensive program to study that. That's what led to this," Dr. Brands said of the study that pools the talents of MCG faculty in the Department of Physiology and the Vascular Biology Center.

"The easiest thing to do for cytokine elevation is to give somebody an aspirin," Dr. Webb explained. "That will bring cytokines down, and that's really what Dr. Ridker showed. But aspirin doesn't cure hypertension. We just don't know what the cytokine involvement is, and that is what we want to know. Cytokines could be involved just in the end-organ injury that occurs in hypertension and have nothing to do with blood pressure regulation itself."



Drs. Jennifer Pollock and David Pollock

The researchers are dissecting the relationship from different angles, from the psychosocial stresses that can elevate pressure to events within blood vessel walls that can keep it elevated.

Dr. Brands is using the male mouse's territorial instincts to look at whether interleukin-6 is necessary for blood pressure to rise during stress. "It's the first data we have suggesting that cytokines are important," he said of the study comparing blood pressure responses in a normal mouse to one missing the interleukin-6 gene. When Dr. Dexter Lee, a postdoctoral fellow

Drs. John D. Imig and Mike Brands

working with Dr. Brands, pairs two male mice, their blood pressures rise as territorial instincts kick in. But the rise is subtler in knockout mice than in normal mice.

To explore the response of the kidneys, which regulate sodium and water volume in the body and are a major regulator of blood pressure, Dr. David Pollock, a physiologist and project leader, is studying whether cytokines stimulate endothelin production.

Endothelin, a potent substance of vessel-lining endothelial cells, is both good and bad, Dr. Pollock said. "Normally in a healthy person's kidney, it's a good guy because it relaxes blood vessels and helps get rid of salt. But in animal models that get hypertensive on a high-salt diet, there seems to be a defect in that pathway."

When that pathway is defective and cytokines stimulate even more endothelin, endothelin's bad side predominates: decreased ability to relax blood vessels, decreased blood flow, decreased salt excretion, less oxygen for tissues and destructive changes in blood vessel walls. "The protective part goes away and all the bad part of the endothelin pathway is activated," said Dr. Jennifer Pollock, biochemist and the biochemistry core leader on the grant.

Dr. John D. Imig, renal vascular biologist, and Dr. Edward W. Inscho, physiologist, both project leaders, are looking at signaling mechanisms that affect kidney response.

"We think the elevation of cytokines that occurs in cardiovascular disease is actually decreasing metabolites produced by the endothelium that would be anti-inflammatory and have protective effects to the vasculature," Dr. Imig said. He believes that cytokines, such as interleukin-6, decrease arachidonic acid metabolites, thereby reducing the ability of these fatty acids inside cell membranes to relax smooth muscles, increase blood flow and reduce inflammation.

Dr. Inscho is piecing together the roles of interleukin-6 as well as the cytokines TNF-a and TGF-b in the problems that occur in the microvasculature of kidneys in hypertension.

"We have been interested in the hypertension angle because we know blood vessels in the kidney don't function correctly; they also don't function correctly in diabetes. These two diseases are major players for kidney damage and it's a huge problem in Western society today," Dr. Inscho said. "Our studies are designed to look at how the kidney controls its blood flow, why it's broken in hypertension and whether we can make the case that these agents are involved."

Dr. Webb is studying the role of these agents or cytokines at the basic level of the smooth muscle cells that comprise blood vessel walls inside the kidney. "In hypertension, blood vessels are over-constricted, and I am interested in the constrictor mechanisms," he said.

He will test whether angiotensin II, a blood vessel constrictor released by the kidneys, prods blood pressure to rise by producing the oxygen-free radical, superoxide, and keeps the blood pressure up by inducing expression of the inflammatory mediator, interleukin-6, inside the blood vessel wall.

Superoxide and interleukin-6 increase levels of the enzyme, Rho-kinase, which Dr. Webb and his colleagues have found has an important role in the body's ability to maintain elevated blood pressure; in fact, Rho-kinase seems to have a larger contractility role in hypertension than in normal pressures.

"Hypertension is not a single gene defect," Dr. David Pollock said. "It's a disease that is very complex and involves a lot of genes that interact."

—TONI BAKER

READY FOR ACTION

Center of Operational Medicine Optimizes Disaster Response

THEIR WORKPLACE CAN be horribly ugly: the freeway in the aftermath of a multi-car pileup; a city block leveled by a hurricane; a schoolhouse ripped apart by a bomb; a bloody battlefield.

Into these fields may come doctors, nurses, paramedics, police, the armed forces, each with a role in maximizing survival rates. The size and complexity of recent disasters is blurring the lines between these civilian and military workers, making it clear that seamless cooperation optimizes the effectiveness of each. In these previously distinct worlds with their disparate terminologies and ways of doing business, a common voice and plan are emerging.

Operational medicine is the name given to this phoenix rising from the dust of natural and manmade disasters.

"One of the key principles of operational medicine…is making that uncontrolled environment controlled by preplanning," says Dr. Richard B. Schwartz, director of the Medical College of Georgia Center of Operational Medicine and interim chair of the MCG Department of Emergency Medicine.

The genesis of operational medicine dates back as far as the Civil War, with medics moving

Dr. Richard B. Schwartz (above) oversaw a spring training session at Fort Gordon pictured throughout this article.

into the battlefield to treat soldiers. The Korean and Vietnam Wars saw helicopters zooming in and out of war zones to whisk away the injured. In more recent wars, surgical teams have moved along with the troops.

"We can actually have an operating room very close behind the fighting that is mobile, can set up, do cases, break down and move with the individual units," says Dr. Schwartz, who served in the U.S. Army's Special Forces during Operation Desert Shield and Desert Storm and numerous other assignments. He was chief of emergency medicine at Eisenhower Army Medical Center at Fort Gordon, Ga., before joining the MCG faculty in 1998.

Having worked both sides, he has seen the give-and-take that is enhancing the military and civilian sectors' medical care outside of traditional settings, including the chaos of some manmade or natural disaster.

The Center of Operational Medicine is helping to bring order and control into areas where neither comes naturally: disaster, tactical, international and wilderness medicine. The ultimate goal is to topple boundaries and improve survival rates. "You can train to practice good medicine in different environments," says Dr. Schwartz.

Center officials work with local and state police, the Federal Bureau of Investigation and the Drug Enforcement Administration to provide medical training to their own forces as well as the emergency medical technicians and paramedics assigned to them.

"The military has had direct medical supports with their units going back to the beginning," says Dr. Schwartz. "But this is new to civilian law enforcement in many ways. They have not had close medical support until relatively recently with the development of the SWAT team. Many SWAT teams are now recognizing the need for direct medical support."

Difficult experiences have been

"One of the key principles of operational medicine...is making that uncontrolled environment controlled by preplanning."

—RICHARD B. SCHWARTZ, M.D.

their teachers. "When you go through a traditional EMT or paramedic training course, the first thing you always learn is that you don't go into an unsafe environment," Dr. Schwartz says. "Unfortunately, we are learning with incidents such as Columbine and September 11 that our emergency medical system personnel have to move forward along with law enforcement personnel to take care of the injured. How they do that safely is what we are doing with tactical medicine."

The personal risk has become an occupational hazard of providing good public health. "Our public safety officers are putting their lives on the line every day and we don't think anything about that. It's no harder for a physician, nurse or paramedic. I think it's a necessary part of public health, taking care of law enforcement personnel doing that job," he says.

The MCG center has developed a Law Enforcement Lifesaver Course that also helps law enforcement personnel take better care of each other. Front-line agents in the FBI and DEA are the target audience.

"They are in a situation where there is a high likelihood someone will be injured," Dr. Schwartz says. The training includes moving a person from the point of injury, assisting the medic, ventilating a patient, dressing wounds and minimizing blood loss. Assessing medical problems that could interfere with the mission is part of the training. Overseas, that threat might be malaria; in Georgia, it might be venomous snakes; in Iraq, it could be summer heat.

The first course was taught at DEA headquarters in Philadelphia this year. The MCG teachers think the course, patterned after a combat lifesaver course used by the military, will catch on quickly.

Another necessary—and major—step is developing standards for how all the players can best work together to handle manmade and natural disasters. "Not every physician will go out with a SWAT team," says Dr. Schwartz, "but we all have the possibility of responding to a hazardous-materials incident, a tornado, a hurricane.

So we train health care professionals to plan for disasters with an all-hazards approach."

"There were pockets of information out there," says Dr. Phillip L. Coule, emergency medicine physician, associate director of the MCG Center of Operational Medicine and a 1996 graduate of the MCG School of Medicine. "For example, after the anthrax scares, I would get a CD of someone's bioterrorism plan. But nobody was presenting a compact, all-hazards approach to disaster education. So that is what we did," he says of the two-day didactic basic disaster life support course and one-day, hands-on advanced course.

"How do you triage 5,000 people from a sarin subway attack? What is the agent? What is the antidote? How do you treat it? We have taken an all-hazards approach and talked about basic concepts of disaster management."

Center officials designed the courses with colleagues at the University of Georgia, the University of Texas Southwestern Medical Center at Dallas and the University of Texas at Houston School of Public Health.

"We are developing curricula, exercises, relationships...within a multidisciplinary environment to try to develop a coordinated approach and capability to deal with different levels of threat," says Chip Giddens, a retired Army colonel and the Center of Operational Medicine's administrative director.

That broad approach is necessary when the goal is bringing order to chaos involving casualties ranging from a few to thousands.

Development of the basic disaster life support and advanced disaster life support courses, which fit the paradigm for teaching best-care field techniques for everything from cardiac to trauma care, was funded by a congressional appropriation to the Center for Leadership in Education and Applied Research in Mass Destruction Defense, or CLEARMADD. CLEARMADD is a Centers for Disease Control and Prevention Specialty Center for Public Health Preparedness and a joint initiative between MCG and the University of Georgia.

The American Medical Association, American College of Emergency Physicians and U.S. Metropolitan Area EMS Medical Directors have all lent their support to the disaster medicine courses.

Center officials are working with Southeast Regional Medical Command at Fort Gordon to spread the use of these courses across the Department of the Army as well, recently announcing plans to jointly establish a National Disaster Life Support Training Center at the fort.

"Currently, there is a tremendous amount of information out there on emergency response," says Dr. James James, director of the AMA's Center for Disaster Medicine and Emergency Response. "There is a lot of material, but not much consistency. We need to be thinking of standardization and what is required in terms of basic skills and knowledge to make our health care providers and physicians more ready. The training will strengthen our nation's public health infrastructure."

"The fact is our first responders are not integrated across the country," says Col. Warren Whitlock, director of the Southeast Regional Medical Command's Center for Total Access at Fort Gordon. "The courses' content makes a lot of sense for the Army Medical Department, so I think there are plans to evaluate it potentially as a standardized training tool...between the civilian community and the military so we can have a common operational picture."

Playing a major role in seamless cooperation between all major players in the event of a disaster is a logical role for Eisenhower. The hospital is the Department of Defense's federal coordinating center for the Southeast, charged with working with federal and state partners in the event of a disaster.

The organized, consistent approach to disaster management not only enables better management of whatever is at hand, but also improves disaster care as it ensures compatibility and consistency of care by civilian and military providers nationwide, Dr. Whitlock says.

This premise of putting experienced heads together is similar for the Consequence Management Exercise, one of the nation's largest multi-agency disaster education programs. MCG and Fort Gordon—home to the U.S. Army Signal Center in addition to Eisenhower hospital—developed the programs with federal and state emergency management agencies following terrorist attacks at the 1996 Olympics.

The BDLS and ADLS courses were taught for the first time during the 2002 Consequence Management Exercise; the next year, the exercise was held at Fort Gordon with the scenario describing a foreign attack that rapidly spreads a potentially deadly virus across the Southeast.

Proper preparation for such scenarios, many of which were unimaginable just 10 years ago, is necessary because managing a disaster is not quite like anything else. The root cause of a chemical or biological attack might not even be readily apparent; in the event of an explosion, it may be impossible to eliminate risk before police, EMTs, firefighters and other frontline

fighters must move in.

The center is working toward offering the disaster courses regularly nationwide with the Office of Homeland Security support. The didactic BDLS course is being converted to Web-based training easily accessible to anyone who needs it. The U.S. Department of Health and Human Services' Health Resources and Services Administration is paying for health care providers to teach and take both courses nationwide. Within the last year, ADLS, which requires the responsive human simulation mannequins available at Fort Gordon, has become mobile as growing demand prompted Medical Education Technologies, Inc., the Sarasota, Fla., company that makes the mannequins, to take them where needed.

"We have courses coming up in New Mexico, Louisiana, Colorado, Washington, D.C, all over the United States. We are training their trainers, then they are going out running the courses throughout their states," says Dr. Schwartz. Back home at Fort Gordon, the center runs three to four additional courses a month. Recently, Dr. Schwartz met with Assistant Secretary of Defense on Health Affairs, Dr. William Winkenwender Jr., about implementing this training throughout the Army.

The center's faculty and staff are working on border initiatives, teaching ADLS and BLDS to health care providers on the U.S. side of the Mexican-American border and a slightly less high-tech approach—developed with the help of Dr. Guillermo Pierluisi, an MCG emergency medicine physician who also is group surgeon for the U.S. Army National Guard's 20th Special Forces Group—for their Latin American colleagues.

They are working with non-medical providers in America's emergency rooms, providing a new core disaster life support course that teaches the terminology and background for disaster and its management. They are working in MCG's recently established EMS Academy, providing emergency medical technician and paramedic training for civilian and military providers.

"What ER docs can do is dependent on what EMTs did, which is dependent on what law enforcement officials did at the scene," says Dr. Schwartz. "It's all inter-related. That is why we are taking the medical training as far forward as possible, so the best care can be provided."

The ultimate goal is to help ensure readiness.

"Our first phase is to do the initial train-up for the providers that are out there," says Dr. Schwartz. "To sustain that training is the next piece, having ongoing training in medical schools and nursing schools so this becomes an integrated part of our mission."

—TONI BAKER

A Shot in the Arm for Cancer Treatment

Prestigious Designation to Enhance Cancer Treatment for Minorities

THE MEDICAL COLLEGE of Georgia has received designation by the National Cancer Institute as a Minority-Based Community Clinical Oncology Program.

MCG is the 12th institution in the nation to receive the designation that strengthens access to the latest cancer treatment and prevention studies for minority patients and, ultimately, patients of all ages and races, said Dr. Andre M. Kallab director of clinical trials for the MCG Section of Hematology/Oncology and the program's principal investigator.

The Veterans Affairs Medical Center in Augusta and Athens Regional Medical Center in Athens, Ga., are collaborators on the three-year, $1.7 million grant that targets more than a million people in nearby Georgia and South Carolina counties.

Dr. Daron G. Ferris, family medicine physician and director of the Gynecologic Cancer Prevention Center at MCG Medical Center, and Dr. Roger A. Vega, chief of the MCG Section of Pediatric Hematology/Oncology, are co-principal investigators.

"This designation will enable MCG to strengthen and expand its studies of better ways to prevent and treat a broad spectrum of cancers," said Dr. David M. Stern, dean of the MCG School of Medicine. "This initiative is in keeping with the health care needs of the state and with MCG's plan to build a top-notch cancer research center as well as the long-term goal of designation as an NCI Cancer Center."

The program seeks specifically to make NCI-sponsored clinical trials available to minorities, a historically under-represented group in clinical trials. MCG was eligible because of its success in treating minorities: about 42 percent of its newly diagnosed cancer patients are African-American, as are about 40 percent of patients enrolled in existing clinical cancer trials, Dr. Kallab said.

"This is an opportunity for minorities to get involved with research that will allow them access to the most current cancer treatments available and, at the same time, further research, two opportunities that the minority community doesn't have as often as it should," said Dr. Frank M. Rumph, district health director for the East Central Georgia Public Health District and a member of the program's advisory board. The Augusta chapter of the National Black Leadership Initiative Against Cancer plans to work with the program to increase participation, share information and, ideally, alleviate any fears and concerns, Dr. Rumph said.

NCI program funding will be used to build the infrastructure for many different clinical studies instead of funding a single study, Dr. Kallab said. Dollars will be used to hire personnel, including research nurses, study coordinators and administrative assistants who can expand MCG's clinical research activity in cancer. MCG already has access to some NCI-sponsored trials through affiliation with National Institutes of Health cancer-related groups including the Children's Oncology Group and the National Surgical Adjuvant Breast and Bowel Project.

"We are going to have a happy

Dr. Andre M. Kallab

family in which adults and pediatrics and preventive medicine come together to close the circle, and anyone who needs any type of therapy will come here—whether it's a 60-year-old man or a 2-year-old child—and will be treated at the same MCG cancer center," Dr. Vega said.

The physician-scientists are particularly pleased to enroll at-risk individuals in more preventive studies for cancers such as prostate and lung; most preventive studies at MCG have focused on cervical and breast cancer.

Unfortunately, even the national list of preventive trials is not nearly as long as the one for treatment trials, Dr. Ferris said. "There is a lot more money that goes into curing people than preventing disease," he said, but he is excited about ensuring that existing prevention trials are readily available to those in the Augusta-Athens area as well as nearby South Carolina counties and beyond.

"One area where prevention needs to take the lead is in the 10 percent of all children treated for cancer who will develop a second, different cancer in the next 20 years," Dr. Vega said. Studies need to examine lifestyle, environment and immunity to figure out why this happens and how to stop it, he said. "At this particular time, we are blaming it on a faulty immune system and chemotherapy. We give chemotherapy to kill cancer, but some people believe it also can cause cancer. Is that the truth? Nobody knows because it has not been studied systematically."

"It's the only way we can answer important questions in medicine, find new cures and take care of patients better than we have in the past," Dr. Ferris said of the increasing emphasis on clinical trials at MCG. "If we don't study new treatments in a rigid, objective fashion with compassion, care and ethics, we just don't advance the science of medicine. As the state's academic medical center, this is part of our responsibility."

"We are trying to answer important questions, and through these questions, we are changing the standard of care," Dr. Kallab said, noting that patients enrolled in clinical trials typically have better outcomes than those outside of protocols, which mandate consistent, closely monitored treatment.

Parents generally understand the importance of clinical studies in not only ensuring the best treatment for their children but for future children as well, Dr. Vega said.

He cited a father whose child has acute lymphoblastic leukemia. "I just told him, '25 years ago, I would have been talking with you about how your child is going to die. Today, I am going to talk with you about how your child is going to survive,'" Dr. Vega said.

"That is what we have accomplished by doing clinical research. There is power in the numbers. Accruing across the nation many patients to be seen in a uniform fashion gives us answers in a very short period of time that we can learn from to develop still new generations of studies. As a single institution, we could never accomplish this. Without national studies, without comparative studies, there is no hope for cancer."

—TONI BAKER

Resting Easy

State-of-the-Art Program Treats Children's Sleep Disorders

FOR MOST PEOPLE, seven seconds pass in the blink of an eye. But for Jennifer Stafford, the time felt like an eternity.

When her son, Jamie, was a toddler, Ms. Stafford began noticing something strange in his breathing pattern while he was sleeping. "He would take a deep breath, then a shallow breath, and then nothing," she said. "I would count for seven seconds before he would start breathing again."

Worried, she asked her son's pediatrician about it, who explained that children do breathe deeper, slower breaths when sleeping. But she wasn't reassured. A few months later, Jamie also began wheezing during the day and was prone to illnesses, throwing up and suffering frequent headaches. Ms. Stafford decided to seek other medical advice. Doctors checked Jamie for cystic fibrosis and other respiratory disorders such as asthma. But Ms. Stafford couldn't forget his strange breathing pattern. Somehow, she knew there had to be a link.

Her worries eventually led her to Dr. Gordana Lovrekovic at the MCG Children's Medical Center. Dr. Lovrekovic, a sleep specialist and head of the center's pediatric sleep program, enrolled Jamie in a sleep study to help locate the source of his problems.

What Dr. Lovrekovic found was much different from anything anyone had suspected. "Jamie was breathing only four to six times a minute during sleep, whereas a respiratory rate of 20 to 25 breaths per minute is normal," said Dr. Lovrekovic. "We diagnosed him with central apnea, which is a cessation of breathing caused by a neurological disorder. In Jamie's case, [magnetic resonance imaging] confirmed that he had a congenital anomaly of the brain known as Type I Arnold Chiari Malformation, or Chiari I."

Chiari I is a rare condition affecting the cerebellum, brain stem and medulla, all located at the base of the brain. In a normal brain, the brain stem connects the cerebellum and the medulla via an opening in the base of the skull known as the

Sleep lab technician Douglas Middlebrooks examines Jamie Stafford as Jamie's mother, Jennifer, looks on.

foramen magnum. In those affected by Chiari I, part of the cerebellum drops down into the foramen magnum, placing pressure on the brain stem and medulla. Because the medulla is the brain's respiratory center, Chiari I can cause problems with breathing and with sleep. Left untreated, Chiari I can affect brain development and even cause death.

For the Stafford family, the diagnosis was a complete shock. Dr. Lovrekovic sat down with the family to explain the results. "All I kept thinking was, 'What is she telling me?'" said Ms. Stafford. "We were not expecting this."

Pediatric neurosurgeon Dr. Mark Lee of the MCG Children's Medical Center was brought in on the Staffords' case. "He is an awesome man," said Ms. Stafford. Dr. Lee was scheduled to go out of town the week after he was brought in on the case. Recognizing the family's concern, he made adjustments to ensure the family didn't have to wait.

Jamie went into surgery. The basic problem was that a large portion of Jamie's brain was pressing against the small opening of the foramen magnum. Because removing part of the brain to relieve the pressure was not an option, Dr. Lee performed the next logical surgery: He removed some of the bone at the foramen magnum, enlarging the opening to relieve the pressure on the medulla. The cure was immediate.

Ms. Stafford recalls holding Jamie in the recovery room after the surgery. She held her breath, waiting to count the seconds, as she always did, between his breaths. This time, there was no need. "He was breathing normally," she said. "I was ecstatic."

Follow-up sleep studies found no more problems. Jamie's wheezing, headaches and other illnesses also disappeared after the surgery. Now 4 years old, he bears only a small scar on the nape of the neck as a reminder of his experience.

"This is an example of how sleep diagnoses can contribute to all kinds of diagnoses," said Dr. Lovrekovic. "The brain is one of the systems that is very involved in breathing."

—DANIELLE WONG

Medical College of Georgia Today Survey

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- ☐ Skim selected sections
- ☐ Read the entire issue
- ☐ Read selected sections
- ☐ Other (please specify)_____

Please check your favorite sections of MCG Today (as many as apply):

- ☐ Introductory letters
- ☐ At-a-Glance newsbriefs

  Feature articles about
  - ☐ Educational topics
  - ☐ Research topics
  - ☐ Patient care topics
  - ☐ Topics of University-wide significance
  - ☐ MCG history
- ☐ Alumnews
- ☐ Classnotes
- ☐ Reflections essay
- ☐ Other (please specify)_____

To which of the following do you make *MCG Today* available?

- ☐ Patients
- ☐ Clients
- ☐ Staff
- ☐ Others (please specify)_____

Survey continued on back

In response to the following statements, please circle a number from one to six to reflect your assessment.

1 = Strongly Agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly Disagree
6 = No opinion

***MCG Today* is effective in**

making me aware of the institution's goals and aspirations.
1 2 3 4 5 6

keeping me in touch with faculty news and research.
1 2 3 4 5 6

keeping me up to date on campus news and related activities.
1 2 3 4 5 6

keeping me informed on alumni activities.
1 2 3 4 5 6

keeping me connected to other alumni.
1 2 3 4 5 6

***MCG Today* provides useful information.**
1 2 3 4 5 6

***MCG Today* disseminates timely information.**
1 2 3 4 5 6

***MCG Today* reflects my interests as a member of the MCG community.**
1 2 3 4 5 6

***MCG Today* represents the institution well to those outside of the MCG community.**
1 2 3 4 5 6

The design of *MCG Today* is appealing.
1 2 3 4 5 6

The writing in *MCG Today* is high quality.
1 2 3 4 5 6

The feature stories in *MCG Today* are just the right length.
1 2 3 4 5 6

The feature stories in *MCG Today* do a good job of explaining complex subjects.
1 2 3 4 5 6

The photography/art in *MCG Today* illustrates the stories well.
1 2 3 4 5 6

The layout of *MCG Today* enhances readability.
1 2 3 4 5 6

The overall quality of *MCG Today* is excellent.
1 2 3 4 5 6

Comments/suggestions:

A Voice

MCG Education Lays Groundwork for Service in U.S. Congress

WHEN DR. PHIL GINGREY'S twin granddaughters were born five years ago, he could have held them in the palms of his hands. Weighing only 1 pound, 12 ounces each, their premature birth threatened to doom them to a life of severe disability.

But a team of health care providers stepped in and ushered them through their fragile first weeks of life. The doctors' highly specialized expertise, coupled with cutting-edge technology and no small supply of tender loving care, ultimately produced the two healthy, happy 6-year-olds whose smiles beam from the photos on their grandfather's desk.

Dr. Gingrey, a 1969 graduate of the Medical College of Georgia School of Medicine, has embarked on a life of public service to help ensure the success story of others like his granddaughters.

"The twins stayed in intensive care for 80 days," he says. "Had that medical care not been available to them, had the doctors in my community bailed out because of fear of being sued, my granddaughters [likely] would have severe disabilities. My family would be devastated and the country would be paying their disability bills. That's what this is all about."

'This' is Dr. Gingrey's intensive battle as a member of the U.S. Congress to effect legislation to help control skyrocketing costs for malpractice insurance. As an obstetrician/gynecologist who practiced in Marietta, Ga., for 27 years before being elected to Congress two years ago, Dr. Gingrey feels a particular mandate to help his fellow physicians.

"I experienced every day the frustrations that our doctors deal with," he says. "They are overburdened with regulations, red tape and the fear of being sued if things don't go perfectly. And all the while, they see

and a Vote

Photo provided, inset from *Aesculapian*

reimbursements ratcheted down, down, down. Too many of our physicians are retiring early, going fishing when they really want to keep practicing but just can't. It's a sad time for us."

And worse, he noted, for the public. Physicians in high-risk fields such as obstetrics, neurosurgery and emergency medicine are leaving their specialties in droves because of soaring malpractice premiums. The result? Understaffed emergency rooms, long distances to deliver a baby, excessive waits for surgery...the list goes on.

"One of my goals is to try to not only save a wonderful profession for my colleagues, but also to preserve a health care delivery system that has been the greatest in the world," Dr. Gingrey says.

But he insists that the flip side of tort reform must be unflagging accountability. "We also passed a bill requiring information-sharing in situations where [medical] mistakes are made, even if no harm is done," he says. "This would provide a national databank with no penalty for reports from members of hospital staffs that someone is practicing below the standard of care."

And when malpractice does occur, he insists, fair and reasonable compensation is vital. "Never will you have Congressman Phil Gingrey suggesting that patients don't have the right to redress because a physician or institution did something below the standard of care, resulting in injury or death," he says. "The only cap in [the bill I support] is on non-economic pain and suffering. When the sky is the limit, people trying to hit home-run lottery awards are ruining it for everybody else. It's very important that we have some control over malpractice premiums."

True, medicine is his passion. But Dr. Gingrey has strong beliefs and spirited opinions on countless subjects. He feels honored that he is in a position to officially weigh in. "I like problem-solving and being in a position of leadership," he says. "I like listening to both sides of an issue, making a final decision and assuming responsibility for that decision."

His public service began when his four children, now grown, were in the Cobb County school system. "I got very interested in what they were doing and in public education in general," he says. He served a four-year term on the Board of Education, then served four years in the Georgia Senate. He maintained his medical practice until his Congressional term began.

He misses health care but believes he is now in a position to touch more lives than ever before. And never before, he says, have the stakes been higher. "It's a time of great angst in many ways," he says. "We have a really serious job to do. But I didn't run for Congress to enjoy the scenery. I accept the challenge and am glad to be a part of the decision-making process in a historic time."

His greatest inspiration, he says, is his wife of 32 years, Billie. "My wife is a very astute observer of politics," Dr. Gingrey says. "She's been my greatest confidant and supporter and I look to her to weigh in on a lot of decisions I make politically."

He acknowledges that his nascent Congressional career still leaves him "starry-eyed," but he has the pragmatism of an old-timer. "I've been in politics long enough to know you have to have some give and take," he says. "But I have a voice and I have a vote. I want those votes to make a difference in people's lives."

—CHRISTINE HURLEY DERISO

Wellspring of Support

Foundation Celebrates 50 Years of Advancing MCG's Mission

FEBRUARY 1954

Medical College of Georgia President Edgar R. Pund has assembled four MCG alumni for a meeting in Macon, Ga. At the meeting, he articulates his mission to the others in attendance: Drs. James Clayton Metts Sr. ('23), William Lawrence Barton ('35), Addison Wingfield Simpson Jr. ('39) and MCG President Emeritus George Lombard Kelly ('24).

The mission, Dr. Pund explains, is simple: MCG's needs have greatly outgrown its annual budget provided by the state of Georgia. It is up to its loyal supporters—chiefly, its alumni—to provide a cushion of resources enabling the university to achieve its full potential. The alumni agree. MCG's supporters have risen to countless challenges since the school's inception in 1828, and that support won't falter now. The men reach into their pockets, and by the end of the meeting, the MCG Foundation is born with assets totaling $450.

Dr. Edgar R. Pund

THERE'S A CERTAIN symmetry to the humble origins of the Medical College of Georgia Foundation.

The origins of the university itself are nothing if not humble. When a small group of Augusta physicians led by Dr. Milton Antony established the Medical Society of Augusta in 1822, the only goal was to enhance and upgrade the training of local physicians. But as the importance and far-reaching ramifications of that goal became clear, the mission grew ever stronger. Soon after the society was established, Dr. Antony spearheaded establishment of the State Board of Medical Examiners to regulate medical practice.

In 1826, Dr. Antony began teaching apprentices. Two years later, he and Dr. Joseph Adams Eve received a state charter to establish a Medical Academy of Georgia. Its first seven students enrolled in a one-year course leading to the bachelor of medicine degree. The curriculum was expanded to two years in 1829, culminating in a doctor of medicine degree. The school's name was changed to the Medical College of Georgia in 1833.

Fast-forward to the year 2004. The school that began as a means to upgrade physician training in Augusta has evolved into one of

the most prestigious health sciences universities in the Southeast. With Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing, MCG educates health sciences students, conducts cutting-edge biomedical research and enhances the care of patients throughout Georgia and beyond.

It's possible that Dr. Antony had the prescience to sense what he set in motion. More likely, a simple leap of faith inspired him to do his best work in hopes that great things would follow.

That same spirit seemed to prevail at Dr. Pund's meeting 126 years after the school's founding. By that point, the necessity of a permanent endowment was clear.

What exactly was at stake? Why was an endowment so vital? MCG had a budget, after all, to meet its needs. The state of Georgia had demonstrated its commitment to the school by providing ongoing funding and, most recently, by erecting a teaching hospital, Eugene Talmadge Memorial Hospital, that would open its doors in 1956. What more could the university possibly need?

Dr. Pund and the alumni were astute enough to know that the status quo would never do for their beloved institution. Year-to-year funding would keep the doors open, but it couldn't possibly keep pace with MCG's lofty goals and ideals.

By this time, MCG already understood the impact its mission could have worldwide. Dr. Virgil P. Sydenstricker had made huge strides in the understanding of nutrition—including discovering a cure for pellagra. Dr. Robert B. Greenblatt had conducted groundbreaking research that would lead to birth control and fertility pills. Dr. Raymond P. Ahlquist had laid the foundation for beta-blocking drugs. These are just a few examples of the work that made it clear MCG had long since outgrown an annual budget that provided little room for growth.

If the university was to truly optimize its potential, it needed the means to control its destiny with a heightened degree of financial security.

"Any successful organization knows that future growth requires investment, and the foundation was created to make that possible," said MCG Foundation President James B. Osborne.

There was no time to waste. The Macon meeting occurred amid the backdrop of rapid growth and unprecedented potential. In addition to construction of the hospital, the Kelly Administration Building was nearing completion. The Murphey and Dugas Buildings were being enlarged. Dr. Pund was pushing for a full-time clinical faculty. The Georgia Legislature had mandated a 33 percent increase in the number of MCG medical students, bringing the total of first-year medical students to 100. New schools and programs were on the horizon as MCG broadened its scope to become a true health sciences university. MCG was on the brink of nothing less than total transformation.

The alumni at Dr. Pund's meeting didn't hesitate to demonstrate tangible support for this transformation—and the means for MCG to continually transform itself in the future as new opportunities for growth presented themselves.

Soon after their meeting, five more supporters added $310 to foundation assets, bringing the total to $760.

An early appeal for contributions to the foundation's Alumni Endowment Fund reflected its nascent personality. A jingle sing-songed the messaged:

Were it not for your degree
From the M.C. of G.,
We may not be able to say,
"Dear Doctor"—today.

Dr. Sam Goodrich, chairman of the MCG Foundation Board, visits with Drs. Larry Devoe (left) and Murray Freedman during Homecoming.

Supporting the Vision

Alumnus Oversees Foundation with Heart and Pride

DR. SAM GOODRICH laughs that the older he gets, the less he knows.

"I was never smarter than when I finished my residency," says Dr. Goodrich, an obstetrician/gynecologist in Milledgeville, Ga., who graduated from the Medical College of Georgia in 1961. "I knew it all. The older I get and the more knowledge I'm exposed to, the less I realize I know."

And that suits him just fine.

He's thrilled that his chosen profession is so dynamic and complex—a never-ending wellspring of new information. "It's a challenge as a physician to keep up with advances in medicine."

But even more satisfying than the intellectual stimulation, he says, are the emotional rewards of the profession.

"Ever since grammar school, I wanted to be a doctor," says Dr. Goodrich. "I thought it was such a wonderful and admirable thing to devote your life to helping people. That's what I wanted to do."

He hasn't kept count of how many babies he has delivered over the years, but he remains in awe of the process—not only childbirth, but pregnancy as well. "There's a lot we still don't know of what goes on during pregnancy," he says. "Having a healthy baby is a real blessing."

He stresses to his patients that labor and delivery is only the final stretch of a nine-month process (6,720 hours, or 403,200 minutes, he's calculated) and that the mother's health and lifestyle are crucial in creating a good outcome.

Dr. Goodrich is gratified that today's patients are better-informed than those of previous generations, largely due to the explosion of the Information Age. He continually challenges himself to stay abreast of medical updates that are now only a mouse click away. "I came along before we had computers," he says. "The first one I got didn't even have a hard drive." Now, however, he's a bona fide computer buff, taking full advantage of technology such as the Internet and e-mail to optimize his practice.

He also stays current through extensive involvement with other physicians and his alma mater. Dr. Goodrich's support of MCG is

The jingle was simplistic, but the message resounds even today: an MCG degree translates into profoundly fulfilling and respected careers, and many of its alumni feel obligated to help return the favor to future generations. One of the foundation's earliest missions was to create scholarships and other means of ensuring that the university could attract and cultivate the best minds. It is a worthy goal that many people are proud to support.

"MCG alumni have always demonstrated remarkable altruism in every aspect of their lives," said Dr. Osborne. "They entered the health care profession because of a compelling need to help other people, and they very much care about helping the students following in their footsteps. MCG gave them an excellent and very affordable education, and they want to express their appreciation by reaching out to others."

When the foundation's original charter was granted Oct. 19, 1954, its bylaws embodied this ideal by stipulating support of student scholarships. The bylaws also pledged support of high standards of education, fellowships for advanced study of medicine and facilities for faculty and students.

Specifically, the foundation was charged to support MCG's mission by receiving, spending, investing and re-investing donations and selling or exchanging property held in trust.

A five-member Board of Trustees was formed and charged to meet each spring and fall. During its Feb. 17, 1955 meeting, Dr. Pund was named president, personally writing letters seeking support and acknowledging gifts.

As the endowment grew, the foundation's functions and responsibilities grew. By April 1966, the foundation's endowment surpassed the six-figure mark, totaling $112,800. Around this time, the fundraising aspect of the operation was transferred to the MCG Division of Institutional Relations. The endowment hit the million-dollar mark in December 1975, with assets of $1,138,341. Three years later, that figure was nearly doubled.

When Dr. Osborne came on board in 1988 as vice president for

extensive and unflagging. He has chaired the MCG Foundation board since 2003. "I had been active in the School of Medicine Alumni Association since the 1970s, including serving as president in 1991-92," he says, "and then I was approached about serving on the foundation board. I feel if you're asked to serve, you should do it. This school did a great deal for me and I have a lot of warm feelings for it. If I can be of service, I want to be."

He notes that foundation assets "provide a margin of excellence that state funds can't adequately provide."

The foundation's mission, he says, is simple: "We're here to support the vision of the president," he says. "We're really fortunate to have [MCG President Daniel W.] Rahn's vision. He has the strength of character and the energy to move us forward. As far as we've come, we're going to be ever better. The progress seems to be exponential."

Dr. Goodrich enjoys witnessing that progress firsthand. "When I drive onto campus, I look around and think, 'Oh, my gosh!' I remember thinking [MCG Medical Center] was big when I was training here as a student, and just look at it now. You have to feel a certain amount of pride in seeing what's happened here. It's just amazing. It blows my mind."

He feels privileged to play a role as the momentum builds. "It's been a joy to serve," he says. "I've had the opportunity to work with a lot of good, decent people. I've learned a lot. I feel I'm a better person because of my association with the foundation."

—CHRISTINE HURLEY DERISO

university advancement, he oversaw foundation operations and MCG's efforts in fundraising, alumni affairs, public relations and marketing. The scope of the operation reflected MCG's exponential growth. The foundation was helping support every aspect of this growth, including new buildings, equipment and other tangible signs of MCG's mission. Probably most important was its investment in brainpower.

By the year 2000, foundation assets exceeded the $100 million mark with an $80 million endowment.

In 2001, Dr. Osborne retired from his MCG role and became president of the foundation, which would now be managed separately from the university to accommodate its rapid growth. "The foundation has grown because we've done something very simple: We've asked people to support us," said Dr. Osborne. "We explain what is needed to fulfill MCG's goals, and our supporters have committed resources to help us."

The foundation also follows the MCG president's lead. "It is our job to respond to the president's vision for MCG by encouraging participation of our alumni and other supporters," said Dr. Sam Goodrich, chairman of the MCG Foundation Board of Directors. Areas of focus for MCG President Daniel W. Rahn include research initiatives in cancer, cardiovascular disease, neurological disease, infection/inflammation, diabetes and obesity.

A vital function of the foundation, Dr. Goodrich said, is articulating the importance of MCG's mission. Throughout its 50-year history, the foundation has cultivated ties with alumni, community leaders, business executives and others who help advance the university's goals.

"There's a synergy at work here," said Dr. Osborne. "The foundation's successful stewardship of its resources has inspired MCG alumni and supporters to give more. Most important, donors believe in MCG's mission and its future."

Dr. Pund and his fellow supporters, he feels sure, would be proud—and astonished—to know what they set in motion 50 years ago.

—CHRISTINE HURLEY DERISO

MARGIN OF EXCELLENCE

Philanthropy a Vital Component of MCG's Success

DR. JOSEPH TOLLISON'S donation celebrates the life of his late wife, Betty Browning Tollison.

Rhonda and Lloyd Graybeal's gift makes a critical difference in pediatric nursing.

Dr. J. Harold Harrison's contribution will establish an endowed chair and help expand the Medical College of Georgia Division of Vascular Surgery.

While individual motivations vary, Medical College of Georgia donors have a common goal: to help the institution become a premier health sciences university.

Since MCG's inception in 1828, philanthropy has provided a critical margin to ensure excellence in the university's threefold mission of education, research and service.

"We're trying to further engage and advance the culture of giving at MCG," said Keith Todd, MCG vice president for university advancement. MCG will soon implement its A Healthier Tomorrow campaign to focus and coordinate fund raising for the next decade, targeting growth in the areas of cancer, cardiovascular disease, diabetes/obesity, infection/inflammation and neurological disease.

"Nationally, contributions to higher education have leveled off," Mr. Todd said. "Last year, academic gifts were at a 14-year low nationally, but here at MCG, we had an increase in receipts and are on

Looking to the Future

Milton Antony Guild Builds on Founder's Vision

TONY DUVA BELIEVES the work he does today won't truly be valued for years, even decades to come.

"There's an old Chinese proverb: 'If you're planning for a year, plant crops. If you're planning for a decade, plant trees. If you're planning forever, educate the people and get them to look into the future," said the director of planned giving at the Medical College of Georgia.

Tony Duva

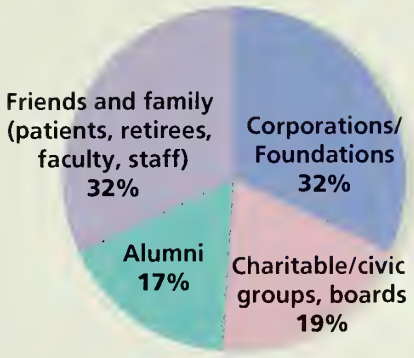
Mr. Duva came on board in November 2003 to educate and plant ideas in a realm previously not fully explored by the university's development staff: planned giving.

"A planned gift is about looking to the future and making a gift that will continue to be valued by generations to come," he explained. "Generations before us had a vision for this institution: to make this the best of its kind. That's what we're doing through the Dr. Milton Antony Guild, continuing and expanding that philanthropic vision."

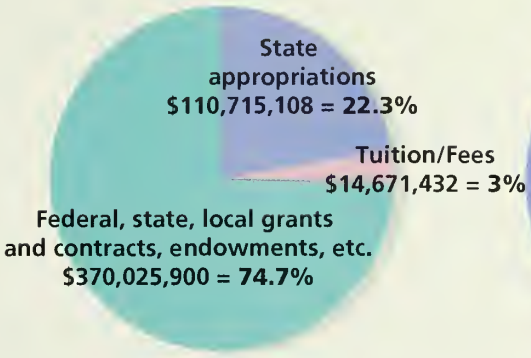
Dr. Antony was a self-taught surgeon who practiced medicine in rural Georgia in the early 1800s. With a vision to enhance his profession and upgrade the training of physicians, in 1822 he spearheaded the Medical Society of Augusta. He later established and presided over the State Board of Medical Examiners, the first medical regulatory agency in the state. By 1826, Dr. Antony began training apprentices. He and his pupil, Dr. Joseph Adams Eve, received a state charter to establish the Medical Academy of Georgia, which would become the Medical College of Georgia. At age 50, Dr. Antony died during a yellow fever epidemic in Augusta.

Now, 175 years after he founded the university, MCG has formalized a program to honor its founding father and ensure its continued success. To honor each year of Dr. Antony's life, the Milton Antony Guild is seeking 50 founding members to promise a gift of $250,000 or

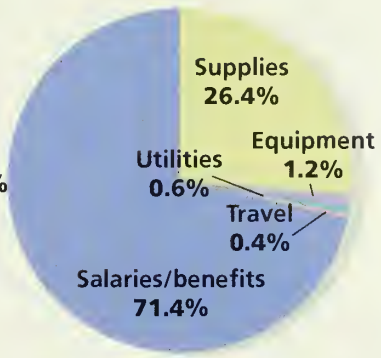
2003-04 Gift Origins


Friends and family (patients, retirees, faculty, staff) 32%
Corporations/ Foundations 32%
Alumni 17%
Charitable/civic groups, boards 19%

2003-04 MCG Revenue Sources


State appropriations $110,715,108 = 22.3%
Tuition/Fees $14,671,432 = 3%
Federal, state, local grants and contracts, endowments, etc. $370,025,900 = 74.7%

2003-04 MCG Expenditures



target for additional gifts and new commitments for this year."

Such generosity is particularly welcome amid an environment of declining state revenues, he noted.

"Most of the funds needed now are for recruitment," said MCG School of Medicine Dean David Stern. "We want to recruit the nation's brightest and best. Often, we make packages that aren't necessarily salary-driven, but include provisions for lab space, certain equipment for a research program or to recruit members of a team."

Through endowed professorships, department chairs or faculty scholar programs, a donor's gift provides income for salary supplements, course development, research, graduate assistants and equipment. Recent gifts are funding Distinguished Chair positions in cancer, pediatric surgery, vascular surgery, nursing and dentistry.

"These endowed professorships and chairs help us recruit, but they also bring recognition to the school," said MCG President Daniel W. Rahn. "It is a great honor to have faculty support at a multimillion-dollar level."

Student support is another way to optimize not only education, but the future health care of Georgians. In 2003-04, private gifts and endowments funded 59 percent of $1.9 million in MCG scholarships. Typically, donors establish academic awards for specific programs, such as

Dr. Milton Antony

more through a will, charitable trust, charitable annuity and/or a non-binding declaration of intent.

"Dr. Antony had the first philanthropic vision for this institution," said Mr. Duva. "He said, 'I want you to come teach at the medical academy we're starting. Bring your books. Bring your money. You've got to give so we can start this institution on the right foot.' He really had a vision. He knew that it took money, and a continued supply of money, to get this medical college off the ground. That's what planned giving is all about—you're planning for the long term."

Founding members of the Milton Antony Guild will have their names included on a plaque in a campus memorial garden now under planning. Donors who contributed $250,000 or more within the last several years will be grandfathered into the Founding Members Program. Currently, there are 22 founding members, of which 14 new members have contributed over $5 million.

"Becoming a founding member shows the generations to come forever that you had the same vision that Milton Antony did," said Mr. Duva. "Our goal is to raise $10 million through the Founding Members Program and an additional $30 million through other planned giving programs by 2009."

For more information about the Dr. Milton Antony Guild Founding Members Program, or for questions about planned giving, contact Mr. Duva at (706) 721-1939 or aduva@mcg.edu.

—ELLEN GLADDEN

pediatrics or dentistry, but some gifts target a certain type of student.

"We see a lot of requests for scholarships to have preferences for geography; a donor will want the money to go, for example, to someone from a rural part of the state, or someone who plans to open a practice in a rural area," Mr. Todd said.

Mr. Todd recently established the Joyce Todd Scholarship in honor of his mother, who began nursing school at age 35, to help non-traditional nursing students.

Other donors opt to leave a tangible legacy by contributing to the university's infrastructure. Current opportunities include donations to MCG's Cancer Research Center, Health Sciences Building and Phase Two of the

'My Home and My Life'

Retired Urology Chief Demonstrates Lifelong Commitment to Alma Mater

HE FIRST CAME to the Medical College of Georgia as a 20-year-old from Pineview, Ga., who wanted to be a doctor.

He left MCG more than once during his 40-year career in urology, but Dr. Roy Witherington never went far.

"I guess you could say I gave my life almost, a fair share of it anyway, to MCG," says the 74-year-old retired chief of urology who would also say he got much in return.

He never went much farther from his alma mater than "across the street" in his career, referencing the times he had a private practice.

His mentor, Dr. John Robert Rinker, chief of urology from 1943-72, no doubt helped instill that commitment. He listened to Dr. Rinker's lectures as a student and spent time with him on clinical rotations. It was Dr. Rinker who explained to him the specialty that Dr. Witherington would one day call his own, taking a shine to the fact that he could care for patients from "womb to tomb" and that most would do well. He completed his internship at Army & Navy Hospital in Hot Springs, Ark., and Walter Reed Army Hospital in Washington, D.C., but came back to MCG for a year of general surgery and to complete his urology residency with Dr. Rinker. He would be among the first residents to train at Eugene Talmadge Memorial Hospital.

Shortly after completing his training, Dr. Witherington tinkered with the idea of private practice. "Dr. Rinker said, 'Why don't you stay?'" He gave Dr. Witherington a part-time position that enabled him to taste private practice as well.

Dr. Witherington came back to MCG full time in 1972, when his mentor retired, to take on the job of chief.

Clinical life in private practice and at MCG were not very different: he operated on the adrenal gland, kidneys, bladder, prostate and male genitalia and liked it all, particularly treating children with urological problems. "Those were the days before pediatric urologists, and we did all that, too," he says.

But the call of teaching always seemed to bring him back to MCG. "You would see a student coming from the University of Georgia or wherever go through medical school and become someone you'd be willing to let operate on you. It was extremely gratifying."

He would lose one of his four children and his beloved wife of 40 years, Louise, during his MCG tenure. But he persevered until 1994, when he retired from his position as chief, worked part-time for three years, then resumed private practice until Dec. 31, 2000.

The man who loved to travel—as long as he always came home—

Interdisciplinary Research Building.

For more information about giving opportunities at MCG, particularly naming opportunities, contact Mr. Todd at (706) 721-4002 or ktodd@mcg.edu.

—ELLEN GLADDEN

found a new love, Sondra Sue Griffith, during a trip to China. After they married, the two decided to refocus their attentions on each other, their merged families, home and travel.

But even as he put aside his professional past and planned his future, he did not forget MCG. Dr. Witherington, already a lifetime member of the Alumni Association of the School of Medicine of MCG, Inc., and a President's Level member of the President's Club, recently donated $250,000 to MCG in the form of a charitable remainder unitrust. The money remains Dr. Witherington's to invest and grow until his death, when it will go toward the Roy Witherington, M.D., Chair in Urology, now held by Dr. Witherington's successor, Dr. Ronald W. Lewis.

Dr. Witherington hopes to see the chair elevated to the $1 million distinguished level; his latest gift will bring the total to more than $800,000.

"MCG has been dear to me, really my home and my life," says Dr. Witherington. "I feel I owe it something." His classmate, Dr. Mims Aultman, summed it up well during Homecoming 2004 while accepting the Distinguished Alumnus Award for Loyalty: "To take a little boy from Meigs, Ga., and make the life that he has possible is really awesome," Dr. Witherington says, quoting his friend.

The man from Pineview feels the same.

—TONI BAKER

Remembering MCG in Your Will

MANY PEOPLE HAVE good intentions about creating or updating a will, but often they never quite get around to doing it. Nearly 60 percent of American adults have no will or have an outdated one.

A will allows you to recognize people and institutions that have meant the most to you. Without a will, the state can decide who benefits from your life's work. When creating or updating your will, please consider providing for MCG and its future. A charitable provision in your will is one of the simplest ways to make a future contribution to MCG.

Many options are available if you choose to name the Medical College of Georgia Foundation, Inc., a beneficiary, including:

- A bequest of a fixed dollar amount.
- A percentage of your estate, allowing you to keep the division of the estate residue in desired proportions regardless of its size.
- A contingent gift in which funds go to MCG if a designated beneficiary predeceases you.
- A trust that pays an income to a designated individual for life, with the remaining principal to be given to MCG thereafter.
- A gift in memory/honor of yourself, your family or a person you have loved or admired.

If you plan to give to the Medical College of Georgia through your will, call Tony Duva at the MCG Office of Planned Giving (800-869-11130) or e-mail tduva@mcg.edu. To explore more tax-wise options for making gifts to MCG, visit www.mcg.edu and click on the Alumni and Friends link.

The information in this article is not intended as legal advice. For legal advice, please consult an attorney. Tax laws are subject to change, which may affect statements in this publication.

a Gift from the Heart

$2 Million Donation to Foster Innovations in Vascular Surgery

DR. J. HAROLD HARRISON, a vascular surgeon who helped develop the techniques and tools for repairing or replacing diseased arteries, has made a $2 million gift to help his alma mater foster future innovations in his field, according to Keith Todd, vice president for university advancement at the Medical College of Georgia.

The native of Kite, Ga., is retired from his near 50-year career and living with wife Sue on a cattle farm in Bartow.

"Cardiovascular disease, from heart attacks to strokes to lost limbs, is a major killer and disabler in our state and nation which we will attack from every angle," says MCG President Daniel W. Rahn.

"We have committed to building a cardiovascular center of excellence that encompasses blood vessel disease throughout the body. It is terrific to have Dr. Harrison at our side in this important fight. His commitment to his alma mater is inspiring and his most recent gift is exceedingly timely," Dr. Rahn says of the recipient of the School of Medicine Alumni Association's 1996 Distinguished Alumnus Award and MCG's 1996 Vessel of Life Award. Dr. Harrison's latest gift is the single largest commitment by an MCG alumnus.

"Dr. Harrison's career is a wonderful story of forward thinking and motion that resulted in advances in his chosen specialty," says MCG School of Medicine Dean David M. Stern. "We intend to use his generous gift to MCG to follow in those fine footsteps."

The gift will establish an endowed chair and programmatic development in the Division of Vascular Surgery, Dr. Stern says. "We believe this gift will be critical in attracting a national leader in vascular surgery to MCG in order to better serve the many patients with vascular disease in our region."

MCG has recently recruited several key physician-scientists in cardiovascular disease including new chiefs of cardiovascular surgery and cardiology, Drs. Kevin Landolfo and Guy Reed, and vascular neurosurgeon Cargill H. Alleyne. Dr. Harrison's gift will enable similar recruits in vascular surgery, including a new chief and a research partner, to strengthen MCG's clinical, scientific and educational endeavors in vascular surgery in particular and cardiovascular disease in general. MCG Health, Inc. also has pledged to support this strategic area.

"If the dean can accomplish what he says he is going to do in cardiovascular disease, he will have one helluva program," says Dr. Harrison. "I am proud to help."

The 1948 School of Medicine graduate says his parents, James W. and Geneva Harrison, envisioned a medical career for their son as they raised him during the Depression. "My daddy was a farmer, a mule trader and a cow dealer," Dr. Harrison says. "[He] told me I was a smart boy and some way or the other, he was going to make enough money to send me to school and that my momma was going to make a doctor out of me."

Dr. Harrison whizzed through Kite's school system by age 15, then spent a year at Georgia Military College Prep High School in Milledgeville. After six quarters at the University of Georgia, he started medical school at age 18.

"It's an institution that gave me an opportunity to go to medical school from Kite, Ga., without any fanfare," he says of his alma mater. "You don't have to be a doctor's son or a lawyer's son. If you do your work, you can get into the Medical College of Georgia. Number one, I am paying back for that opportunity.

Dr. J. Harold Harrison and MCG President Daniel W. Rahn

Number two, I would say giving money to the school increases the potential for education for kids like me coming to the school."

Dr. Harrison chose his specialty in 1953 when, as a resident at Grady Memorial Hospital in Atlanta, he treated a patient with a blocked aorta. He had just learned a new technique for freeze-drying arteries for later use, so he and a Ph.D. student assigned to him gave the new approach a try. It worked. "From that point on," Dr. Harrison says, "I was a vascular surgeon."

It was a natural interest for a man who'd grown up seeing water systems save crops. "It's plumbing," he says of the body's extensive vascular network. "That's the way it works. If you have a bad part, you either take it out and replace it or ream it out, clean it out and put it back together. It was like we did chitterlings in the country. I had to get my instructions from Momma about how we ought to do it." His mother, at age 100, gave up doing his books at the farm full time a year ago; now she keeps them part time.

His natural interests and instincts led to a career that was prosperous by every definition. He spent two years in the U.S. Army at Fitzsimmons Army Medical Center researching blood vessel and plastic grafts. He was among the first generation of surgeons willing to operate on arteries, wanting to do more than just tie off diseased ones. "That was the choice then: lose a leg or lose a life," he says.

He joined the faculty of Emory University School of Medicine and later headed the Department of Surgery at St. Joseph's Hospital of Atlanta, operating on some 7,000 blocked neck arteries in his distinguished career.

His father would steer him back to his farming roots before he died of cardiovascular disease in 1965; about five years ago, Dr. Harrison walked way from vascular surgery to focus on family and farming full time. "I didn't want anybody telling me it was time to quit. I did a carotid one day, just like the textbooks say do it. Everything was lovely. Then I told [my operating team] that was it. They had just seen the last." These days find him riding his four-wheeler across the Bartow acreage he loves and likely scaring a few of his cattle in the process.

—TONI BAKER

School of Medicine graduate Dr. Perry E. Sheffield is announced as the John F. Beard Award recipient.

Beard Award Recipient Balances Education, Service

DR. PERRY E. SHEFFIELD, who never missed an opportunity to serve the most vulnerable members of society amid the rigors of earning a medical degree, is the Medical College of Georgia's 2004 recipient of the John F. Beard Award for Compassionate Care.

The $25,000 award is presented annually by William Porter "Billy" Payne and his wife, Martha, to a graduating MCG student who exemplifies caring and compassion in health care. Mr. Payne established the award in 1998 to memorialize his father-in-law, who died of cancer in 1997.

The award honors MCG President Emeritus Francis J. Tedesco and Mr. Beard's physician, Dr. Mark F. Williams, a 1988 graduate of the MCG School of Medicine.

Teachers and peers cited numerous examples of Dr. Sheffield's altruism in nominating her for the award. "Her track record of service already exceeds what most people achieve in a lifetime," wrote Dr. Kim J. Masters, assistant clinical professor of psychiatry and health behavior.

Before beginning medical school, Dr. Sheffield, who earned a bachelor's degree with honors in environmental science from Brown University, conducted a biogas feasibility study in Madagascar as a Fulbright Fellow.

"Her international experience in Africa made an indelible imprint on her mind and heart and was a seminal event in shaping her career aspirations," according to Dr. Sheffield's nomination letter. "Perry chose a career in medicine that is well-conceived in her steadfast commitment to working in underserved populations locally and internationally."

While earning her medical degree, Dr. Sheffield undertook extensive volunteer projects, including walking door to door in impoverished Augusta communities to help enroll uninsured children in the state's PeachCare program. She also directed the American Medical Women's Association Free Women's Clinic in Vidalia, Ga., and served on the board of Health Students Taking Action Together, an advocacy group regarding issues of uninsured children and childhood obesity.

Dr. Sheffield served as vice president for community service and academic vice president for her medical school class for three years. She used her multilingual skills to spearhead efforts to enhance communication with non-English-speaking patients. Dr. Sheffield also helped renovate a house in Dearing, Ga., for use as a free health clinic, staffed by MCG faculty and students.

"Whenever I became completely overwhelmed by a project and thought I could never convince people to volunteer their time, I knew that Perry would be jumping in with both feet, full of practicality and reason and compassion," wrote classmate Sarah Matteson, who worked with Dr. Sheffield on many volunteer projects, including "putting the roof on the Dearing Clinic."

Her teachers noted that she forged lasting bonds with patients and families during her clinical rotations. "I am gratified to have watched her development as a student doctor; to say it has been a privilege to be her teacher is an understatement," wrote Dr. Robert A. Pendergrast Jr., associate professor of pediatrics.

Dr. Sheffield began a pediatrics residency at Johns Hopkins Hospital in Baltimore this summer.

"In years to come, I would bet that we will see many creative care projects in which Perry will be involved," wrote Dr. Masters. "What greater honor could there be for the donors of this prize than to have recognized and supported these talents early in a recipient's career?"

Hamilton Jordan Receives Honorary Doctorate

MEDICAL COLLEGE OF Georgia President Daniel W. Rahn presented an honorary doctorate to former White House Chief of Staff Hamilton Jordan during MCG's 2004 commencement ceremony May 7.

"You have given much, and you have made a marked difference in the lives of many," President Rahn said in presenting the doctorate. "Now, on a day when we send forth our graduates to make a difference in the lives of their fellow man, it is our privilege to welcome you warmly into the MCG fellowship."

President Rahn noted Mr. Jordan's accomplishments in many fields, including public service, business and health care advocacy.

"You are a dynamic and impressive entrepreneur and political strategist, but today we gather to celebrate and honor your public service, particularly the extraordinary impact you have had on the lives of Georgians with cancer," President Rahn said.

Mr. Jordan's health care initiatives include founding Camp Sunshine, a retreat for children with cancer, in 1982; founding Camp Kudzu for children with juvenile diabetes in 2000; lobbying national leaders for increased support for cancer research funding; and founding the Georgia Cancer Coalition, a $1 billion public-private collaboration to make Georgia a national leader in cancer research and treatment.

"You have worked with diligence and focus to make the Georgia Cancer Coalition a reality," President Rahn said. "You personally battled three types of cancer before the age of 50, but you said you didn't push for a greater focus on cancer research and care for your own sake, but rather the sake of your children."

Mr. Jordan earned a bachelor's degree from the University of Georgia in 1966. After graduating, he served a year in South Vietnam with International Voluntary Services. He then successfully managed the gubernatorial and presidential campaigns of Jimmy Carter, serving as his chief of staff during both tenures.

Mr. Jordan has served as a private consultant overseeing strategic planning, communications and branding strategies for national and international companies included Nike and Coca-Cola. In 1987, he founded the ATP Tour, the Global Men's Professional Tennis Tour, leading to his being named Sports Executive of the Year in 1991.

In 1990, he co-founded Touchdown Jacksonville!, the owners' group awarded the National Football League franchise of the Jacksonville Jaguars. For the past decade, he has served as a founder, investor and/or advisor in various medical and biotech companies, including Greenway Medical Technology, Proxima Therapeutics, CTI Molecular Imaging and GMP Companies.

He has written two best-selling books, *Crisis: The Last Year of the Carter Presidency* and *No Such Thing as a Bad Day!* This year, he was named to the American Institute of Certified Public Accountants' Board of Directors.

In 2002, he received the Public Service Award from the American Association of Cancer Research, the James Ewing Public Service Award from the Society of Surgical Oncology and the National Public Service Award from the American Cancer Society.

Hamilton Jordan receives honorary doctorate from MCG President Daniel W. Rahn at 175th commencement.

Commencement Speaker Recounts Cancer Battles

HAMILTON JORDAN counts many world leaders among his friends, but a little boy named Cory is the one who springs to mind as his source of inspiration.

Mr. Jordan, who served as chief of staff for the Carter White House, met Cory at Camp Sunshine, a camp for children with cancer founded by Mr. Jordan and his wife, Dorothy. Despite his cancer, Cory always had a smile on his face.

Cory's cancer was treated, but by age 15, he was diagnosed with a recurrence so virulent that his doctor doubted he would live to see the next Thanksgiving. "Cory told him, 'I don't care what you say, Doc. I'm gonna live one more year so I can go to Camp Sunshine and tell my friends goodbye,'" Mr. Jordan recounted.

And he did. Cory, too weak to leave the hospital for more than a few hours, was flown by helicopter to the campsite, where his friends were assembled. They said their goodbyes, then Cory flew back to the hospital. He died peacefully that night in his sleep.

Mr. Jordan shared the story as guest speaker for the 175th commencement of the Medical College of Georgia. "The power of the human spirit can overcome something even as powerful as cancer," he told the university's 670 graduates.

Mr. Jordan drew from Cory's strength when he received his own cancer diagnosis shortly after the child's death. He was given a 20 percent chance of living another five years. "I wondered if I would live to see my little boy grow up or even see him reach his first birthday," he said.

Mr. Jordan spent about a day feeling sorry for himself, at which point his doctor told him to pull himself together and fight for his life. He recalls days feeling so weak from chemotherapy that his wife had to roll him out of bed in the morning. "No matter how bad I felt, the memory of Cory kept me going," he said. "This cancer would not define who I was. This cancer would not defeat me."

Not only did he overcome the cancer, but he stymied his doctors' predictions of sterility by fathering two more children.

The experience steeled Mr. Jordan for more battles ahead; shortly after his first cancer was declared in remission, he was diagnosed with prostate cancer, then melanoma. Each fight, he said, has made him stronger and more determined to help others with the disease. His efforts have included lobbying national leaders for increased support for cancer research funding and spearheading the Georgia Cancer Coalition, a $1 billion public-private collaboration to make Georgia a national leader in cancer research and treatment.

Mr. Jordan urged MCG graduates to seize every opportunity to help those in need. "And remember that you can't take care of others if you don't first take care of yourself," he said.

His resounding message was to never take a single day for granted. "My life has never seemed more precious," he said, "than when I was fighting for it."

Hamilton Jordan addresses 2004 commencement audience.

Did You Receive History Publication?

PLEASE CONTACT THE MCG Publications Office if you did not receive a copy of our history publication, *Moments in History,* last spring. Some copies were misdirected, and we will be happy to mail one to you. Contact:

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Mr. Henson Named Director of Alumni Affairs

Scott Henson

SCOTT HENSON, director of special events at the Medical College of Georgia since July 2001, has been named director of alumni affairs.

He succeeds Tammy Berry, who has assumed a part-time role in special events.

Tammy Berry

"Ms. Berry did a superb job representing and supporting our alumni during her 17-year tenure," said L. Keith Todd, vice president for university advancement. "She is cutting back on her hours to spend more time with her family, but we're delighted she's still a part of the MCG community, and Mr. Henson is very well-suited to assume her role in alumni affairs."

Mr. Henson earned a bachelor's degree in mass communications and political science from East Tennessee State University and a master's degree in education from Augusta State University. Before joining MCG, he was the catering manager for Augusta's Radisson Riverfront Hotel.

"Ms. Berry and I have worked closely together at MCG, so this is a natural progression," Mr. Henson said. "I'm anxious to step up my involvement with MCG's alumni and to provide the best service I possibly can."

Alumni can reach Mr. Henson at (706) 721-4416 or shenson@mcg.edu.

Grant Matches Students with Communities in Need

A THREE-YEAR GRANT is enabling Medical College of Georgia students to assess rural communities' needs while training for their careers in those communities.

The approximately $1 million Health Resources and Services Administration Grant is funded through the Department of Health and Human Services' Quentin N. Burdick Program for Rural Interdisciplinary Training. The grant matches clinicians-in-training to communities most in need of their services, according to Dr. Shelley Mishoe, dean of the MCG School of Allied Health Sciences and project director of the grant.

"This is an excellent way to make students aware of the great need for their services," Dr. Mishoe said.

Co-sponsors of the grant are the Georgia Hospital Association and the Community Healthcare Network in Columbus, Ga. The organizations and Georgia's Area Health Education Centers have identified training sites for the students, including homeless clinics, migrant farm worker clinics, mental health facilities and other community-based facilities. The AHECs also work directly with the students and their preceptors.

Students eligible to participate are seniors in the MCG Departments of Dental Hygiene, Health Informatics, Medical Technology, Occupational Therapy, Physical Therapy, Physician Assistant, Radiologic Sciences and Respiratory Therapy.

Clinical training is already part of the coursework for these students, but the grant takes their skills to specific areas of need, Dr. Mishoe said. These training opportunities also feature extensive interaction with clinicians from other fields to ensure a well-rounded experience.

Drs. Carol Campbell (left) and Shelley Mishoe peruse training sites for Health Resources and Services Administration Grant

"We also have incorporated training to enhance the cultural competency of our allied heatlh students so they are better prepared to address health literacy needs and deliver ethnically centered and culturally centered care in rural and underserved areas of Georgia," said Dr. Carol Campbell, co-director of the grant.

"The students work in interdisciplinary health care teams, with each student being supervised by a preceptor," Dr. Campbell said. "The hope is that as these

students are meeting the communities' needs, they will consider returning to the community to practice after they graduate, and they can help members of the community understand the career opportunities available in health care."

MCG has been the recipient of the grant several times in the past, and "our data show that we've met our goals," Dr. Mishoe said. "For example, 98 students participated in a prior grant by working in 50 rural counties, with 40 percent from minority or disadvantaged backgrounds. Since 2000, 62 percent of graduates have been employed outside of metro Atlanta or Augusta, with 34 percent working specifically in rural and health professional shortage areas."

Dr. Mishoe said she feels confident that the students and communities will reap significant benefits from the program. "We will continue to plant the seeds for people considering a health care career and we hope students will return to the communities they've come to know."

Allied Health Sciences Creates New Department

THE MEDICAL COLLEGE of Georgia has combined five of its allied health sciences programs to create a Department of Biomedical and Radiological Technologies in the School of Allied Health Sciences.

The restructuring, approved by the University System of Georgia Board of Regents in February, combined the Department of Medical Technology and the Department of Radiologic Sciences. Dr. Elizabeth Kenimer Leibach, chair of the Department of Medical Technology, chairs the new department.

The department will include programs in medical technology, diagnostic medical sonography, medical dosimetry, nuclear medicine technology and radiation therapy. All use sophisticated technology to help prevent, diagnose and treat disease.

"This new department will facilitate collaboration for teaching, research and pursuit of external funding among these technology-based allied health sciences programs," said School of Allied Health Sciences Dean Shelley Mishoe. "It also will help achieve economies of scale, cost-effectiveness of operations and streamlining of administrative functions."

Students in these programs will receive a degree in either medical technology or radiologic sciences. The new program also will include MCG's radiography program until it is suspended when all current students graduate. MCG is seeking funding to also include in the department a first professional master's degree program in biomedical technology.

Department Changes Name, Not Focus

THE MEDICAL COLLEGE of Georgia School of Allied Health Sciences has renamed its Department of Health Information Management the Department of Health Informatics.

The program will continue to train students to compile, manage and analyze health-related information to optimize patient care. Graduates will be prepared to work in roles including applied health informatics researcher, chief information officer, public health information officer, health information systems application designer and health data/information resource manager.

"The name change is more reflective of the profession and program," said MCG Provost Barry D. Goldstein. "Informatics is a broad term that encompasses understanding the impact technology has on people, the development of new uses for technology and the application of technology in the context of another field."

MCG offers a bachelor's degree in the field for students transferring as college juniors and a post-baccalaureate certificate for students with registration or a license in an allied health or nursing profession.

"Today's students are looking for an education that will give them career options now and in the future," said School of Allied Health Sciences Dean Shelley Mishoe, noting that the name change better reflects the cutting-edge nature of the field that combines health care and extensive computer technology.

"We believe the proposed name change better reflects our abilities as leaders in the allied health professions, offering innovative, value-added programs from the state's only health sciences university," said Dr. Carol Campbell, chair of the department.

Dr. Campbell also spearheaded MCG's new master's degree program in public health with a major in health informatics.

For more information about the programs, contact the department at (706) 721-3436.

Student Inspires Classmates Amid Cancer Treatment

THE FIRST TIME she was diagnosed with lymphoma, Barbara Burk was only 5 years old.

"I had a swollen lymph node on my neck. It looked like a large knot. I remember losing my hair and staying at the Ronald McDonald House. I remember spinal taps and bone marrow aspirations. I can even remember the day I went into surgery," says the second-year student in the Department of Physician Assistant.

Eight years after her first battle, Barbara's cancer returned. "My doctor had just released me for another two years. He said, 'I can't say never, but once you've been in remission for this long, it hardly ever comes back.' Six months later, it came back and they did another biopsy," she says. "When they confirmed it was cancer, the treatment was more [aggressive] because it was the second time. I had to spend the entire eighth grade in homebound school because I was so sick and weak."

Her recovery was steady and Barbara went on to complete high school in her hometown of Blue Ridge, Ga. Her personal exposure to the health care profession, coupled with her childhood desire to work in the field, led Barbara to investigate medical school while earning a biology degree at North Georgia College and State University.

"I was thinking about medical school and I learned about the PA program when I was [working toward] my undergraduate degree. It really appealed more to me. I felt I'd have just as much, if not more of a chance to help people by becoming a PA," she says.

In May 2003, shortly after enrolling at MCG, Barbara felt a familiar lymph node swelling and went for an evaluation at Student Health. She was quickly referred to an oncologist, who questioned negative biopsy results in July. "Because of my history, they took another biopsy in August and it was positive, so I started chemo again."

In the months that followed, Barbara maintained her determination to stay in school, despite nausea and pain. Classmates and faculty, armed with candy, warm meals and smiles, vigilantly made certain Barbara stayed on track with the PA program.

"They really helped me through the whole thing," she says. "They taped the lectures, collected handouts, helped me study, decorated my hospital room and brought me food. I had to miss school a lot but I didn't want to put my life on hold. Their work kept me caught up. I really don't know how I would have made it without their support."

On May 14-15, Barbara's classmates and instructors continued their support by sponsoring a team for the Richmond/Columbia County Relay for Life, benefiting the American Cancer Society.

"We really wanted to help the entire community," says Jennifer Coleman, Barbara's classmate who organized the PA Class of 2005 relay team. "We wanted to do something bigger than ourselves. The money from Relay for Life helps research, community programs, cancer education and more in this community and across the nation."

The class also presented Barbara with an Inspirational Award, citing her dedication, bravery and academic excellence (a 3.75 average) in the midst of her struggle. "She is the strongest person I have ever met," says classmate Leigh Ryan. "She is truly an inspiration to the whole class."

Wesley Hobbs

Physician assistant students Michael McDaniel (back row from left clockwise), Barbara Burk, Kathryn Thatcher, Dena Hammond, Bill Hooks, Jennifer Coleman, Brooke Riner and Leigh Ryan hosted a breakfast to benefit Relay for Life.

Dr. Bard Dies at Age 84

DR. RAYMOND C. BARD, the founding dean of the Medical College of Georgia School of Allied Health Sciences, died Feb. 22, 2003 at age 84.

A native of New York City, Dr. Bard earned a Ph.D. in microbiology and biochemistry from Indiana University. He joined MCG as a vice president and professor of microbiology in 1967. He was named acting dean of the School of Allied Health Sciences in 1968 and permanent dean in 1972, a position he held until his retirement as Dean Emeritus in 1988.

Since its inception, the School of Allied Health Sciences has graduated approximately 6,700 graduates in the fields of dental hygiene, health informatics, medical technology, occupational therapy, physician assistant, radiologic sciences, respiratory therapy and medical illustration. The vast majority of the graduates practice in Georgia.

Dr. Bard's vision and philosophy for the school continue to this day, according to School of Allied Health Sciences Dean Shelley Mishoe and Dr. Biagio Vericella, dean of the school from 1988 until his retirement in 2001.

"Working for Ray gave me a graduate program in how to be selfless and appreciative of others without ego and without pride of authorship," said Dr. Vericella. "He showed me how to be a Nike kind of guy—just do it. He personified to me reverence for God, love of family, help for friends and concern for the common person."

Dr. Bard was a fellow of the

Dr. Raymond C. Bard

American Academy of Microbiology and the American Association for the Advancement of Science. He was a fellow and past president of the Association of Schools of Allied Health Professions.

Ms. Garlington Named Distinguished Alumna

THE SCHOOL OF Allied Health Sciences Alumni Association has presented its 2004 Distinguished Alumnus Award to Octavia Garlington, Professor Emerita of the MCG Department of Medical Illustration. Ms. Garlington, who earned a master's degree in medical illustration from MCG in 1961, served on the MCG faculty from 1961 until her retirement in 1990.

She received the 2001 Broedel Award for Excellence in Education from the Association of Medical Illustrators and the 1990 Ranice W. Crosby Distinguished Achievement Award from the Johns Hopkins University School of Medicine Department of Art as Applied to Medicine. Ms. Garlington is a fellow of the Association of Medical Illustrators and a member of the Association of Medical Illustrators.

Students, Faculty, Alumni Win Illustration Awards

STUDENTS, FACULTY AND alumni of the Medical College of Georgia graduate program in medical illustration received several awards during the Association of Medical Illustrators' 2003 annual meeting.

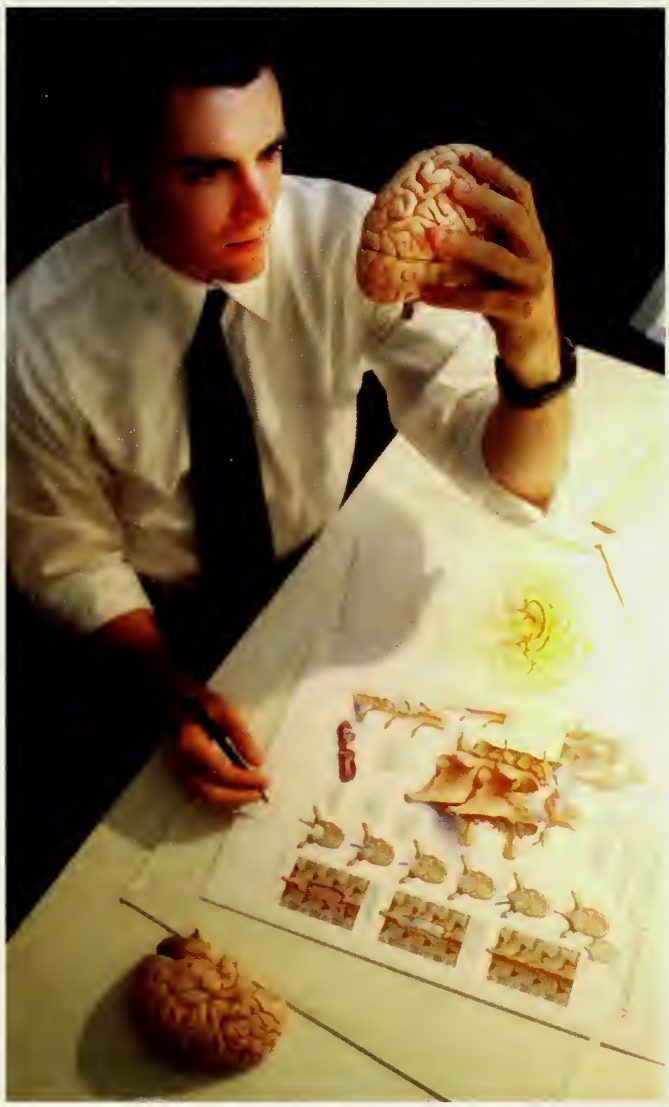
The association, founded in 1945, promotes the study and advancement of medical illustration and allied fields of visual communication.

Bill Andrews, assistant professor and education coordinator, received a Citation of Merit in the Medical Instructional Line category for an illustrated series on heart transplantation. He also made two presentations at the meeting.

Andrew Swift, assistant professor, received the Russell Drake Award for first place in the Medical Instructional Line category for his illustration, "Ansa Pectoralis and the Brachial Plexus." MCG is the only medical illustration program in history with every full-time faculty member receiving this award for excellence in pen and ink illustration.

Mr. Swift also received an Award of Excellence in Marketing/Promotional Illustration for his illustrated poster, "Vasculogenesis vs. Angiogensis." The poster was co-authored by Dr. James Fick, associate professor of neurosurgery. This entry also received the Ralph Sweet Award for Salon Best of Show.

Andrew Rekito, MCG alumnus and artist-in-residence in the Department of Neurosurgery, received the Will Shepherd Award of Excellence in Instructional Color for his poster, "Tumors of the Thoracic Spine: Schwannomas." This poster was co-authored by Dr. Fick. Mr. Rekito also received a Citation of Merit for his pen and ink illustration, "Lumber Wound Closed Irrigation System," illustrated for Dr. John Vender, vice chair of the Department of Neurosurgery.



Andrew Rekito with award-winning poster

Brandon Pletsch, a 2003 graduate of the Department of Medical Illustration, received a Student Salon Award of Excellence in Animation/Interactive Media for his production of "Visual Pathway." His major advisor was Steve Harrison, chair of the Department of Medical Illustration.

Mr. Pletsch also received the Orville A. Parkes Award for Best of Show in the Student Salon for the same animation. He won the same award in 2002 and is the only student to ever win the Parkes Award twice.

Student Sara Constantine received a Certificate of Merit for her cover illustration for *Hirsuitism.*

Allison Lucas Wright (class of 1989) received a Certificate of Merit in Marketing/Promotional Illustration for "A Comparison of Whole Food Vitamins and Synthetic Vitamins."

C. Knox Hubard Jr. (class of 2000) received a Certificate of Merit for his medical legal illustration, "Wrist Injuries, Fixation and Repair."

Christopher Nadolski (class of 2000) received an Award of Excellence for his animation, "Protease Inhibitors: Targeting the HAART of HIV."

Artist Brings Keen Eye to Neurosurgery Department

AS A TEEN, Andrew Rekito was forever doodling cartoons and other sketches on scratch paper.

His sketches have become more sophisticated—his cartoons have given way to the intricacies of the human brain—but the process, he insists, hasn't changed much.

"When I was in high school, I liked science classes and thought I might be a marine biologist," said Mr. Rekito, "but I liked to draw, too"

An observant teacher at Lakeside High School in Evans, Ga., noticed this somewhat unusual combination of talents and suggested that he check out one of the country's six medical illustration programs. And, by the way, she mentioned...one of those six was practically in his own back yard.

Mr. Rekito took her advice. After earning an art degree at the University of Georgia, he headed back home, enrolling in the Medical College of Georgia to earn a master's degree in medical illustration.

Mr. Rekito graduated in 2002, then found a career that was practically in his

own back yard. The MCG Department of Neurosurgery hired him to create the many complex and esoteric illustrations needed to convey the anatomy of the nervous system.

"Neurosurgeons have always seemed to understand the value of medical illustration," said Steve Harrison, chair of the Department of Medical Illustration and himself a former medical illustrator in the specialty. "That goes back decades. MCG's neurosurgery department had its own medical illustrator in the 1960s."

The department uses Mr. Rekito's work for journal articles, presentations, meetings, marketing/promotional work, teaching and many other purposes. He also redesigned and continually updates the department Web site with new illustrations and information.

"The complexity of the anatomy involved in the brain and spinal cord is hard to grasp," Mr. Rekito said. "Surgeons use tiny openings to access [seemingly] impossible places.... It's amazing, and the illustrations help make it more understandable."

Mr. Rekito often observes neurosurgery operations, with the patient's consent. Working closely with neurosurgeons James R. Fick and Mark Lee, chair of the department, he obtains advance information about what they want illustrated, then pays close attention as they work. He makes sketches during the operation that he transforms into rich, detailed illustrations when he returns to the drawing board.

He combines traditional and high-tech tools to create his artwork. For instance, he might begin with a pencil drawing, then scan it into a computer and use software to add depth and color. The computer, he notes, is a useful tool...but only to the extent that it can complement his imagination and creativity.

"Computers are a great artistic medium, but research, storytelling and sketching is the key," Mr. Harrison said. "That hasn't changed in centuries, and it never will."

The work requires a keen eye for detail and a continual willingness to learn more, Mr. Harrison noted. "It's so complex and it involves constant research," he said. "It doesn't get boring."

Mr. Rekito has won several prestigious awards for his artwork, including the Will Shepherd Award of Excellence for a poster illustrating the removal of spinal tumors. The award was presented during the Association of Medical Illustrators' annual meeting last July.

Mr. Rekito is thrilled to have found a career that turned his avocation into a vocation. He spends his spare time painting and doodling the cartoons he hasn't tired of to this day.

Student Wins National Award

GINGER E. MADDOX, a respiratory therapy student at the Medical College of Georgia, has received the American Respiratory Care Foundation's 2003 Morton B. Duggan, Jr. Memorial Education Recognition Award.

The $1,000 award, named in memory of a leader in the field of respiratory therapy, honors academic achievement and an original referenced paper on some aspect of respiratory therapy. Respiratory therapy students nationwide are eligible to apply. Ms. Maddox received the award for her paper, "Nosocomial Pneumonia: Are you putting your patients at risk?"

"This is the fifth year running that at least one of our students has been recognized by the American Respiratory Care Foundation as one of the best in the nation," said Dr. Randy Baker, chair of the MCG Department of Respiratory Therapy. "I don't believe any other program in the country can make that claim."

Dr. Bradley Named Association Fellow

DR. KATHY P. BRADLEY, chair of the Department of Occupational Therapy, has been named a fellow of the American Occupational Therapy Association.

The association represents approximately 40,000 occupational therapy professionals and students in advancing the field through standard-setting, advocacy, education and research.

"Fellowship in this national professional organization brings tremendous recognition to MCG and its commitment to excellence in the allied health sciences," said School of Allied Health Sciences Dean Shelley Mishoe.

Dr. Bradley earned bachelor's and master's degrees from MCG and a doctorate in education from the University of Georgia. Her research and clinical interests in occupational therapy include cognitive rehabilitation, distance education, balance and vestibular impairments, teaching effectiveness and issues concerning older adults.

2004-05 School of Allied Health Sciences Alumni Association Officers

Linda Bolt (Occupational Therapy), Martinez, Ga.—President

Carla Simpkins (Medical Technology), Louisville, Ga.—Secretary

Steven J. Harrison (Medical Illustration), Augusta, Ga.—Treasurer

Sharon Clark-Jordan (Physical Therapy), Hephzibah, Ga.—Past President

Sue Ward, Augusta, Ga.—General Director: Dental Hygiene Representative

Carla Simpkins, Louisville, Ga.—General Director: Medical Technology Representative

Angela Griffin, Hephzibah, Ga.—General Director: Physical Therapy Representative

Glenn Link, Evans, Ga.—General Director: Physician Assistant Representative

Jonell Poe, Hephzibah, Ga.—General Director: Physician Assistant Representative

Kimberly Archer, Martinez, Ga.—General Director: Occupational Therapy Representative

Juan Reyes, North Augusta, S.C.—General Director: Respiratory Therapy Representative

Shelley Mishoe, Ex Officio—Dean, School of Allied Health Sciences

Gia Johnson, Ex Officio—Director of Development, School of Allied Health Sciences

Endowment Fund Ensures 'Latest and Greatest'

HE CALLS THEM the "oh wow" procedures.

Dr. Michael Pruett, a 1992 School of Dentistry graduate and director of the school's General Practice Residency Program, notes that ever-sophisticated technology is enabling general dentists to broaden their scope considerably. Advanced procedures in general dentistry practices include rotary endodontics, implant dentistry and management of medically compromised patients, to name just a few.

But dentists have to learn these procedures before they can practice them, Dr. Pruett noted, and dental schools are generally too jam-packed with the basics to devote much time to "oh wow" education.

That's where the General Practice Residency comes in—a highly competitive yearlong program that refines and broadens the skills learned in dental school. MCG annually receives up to 70 applications nationwide for the program's three spots.

To ensure that the program continues to offer the best educational experience possible, Dr. Pruett recently donated $10,000 to create an endowment fund. "I got a great education at MCG and I felt an obligation to pass it along," he says. The endowment will fund travel, books, equipment and other resources for residents.

"In these days of dwindling funding, I thought it was important to ensure that we can continue a cutting-edge program," Dr. Pruett says.

He hopes that others, particularly graduates of the residency, will contribute to the endowment fund. "Donations will help us stay current with the most innovative instruments and techniques," he says. "We want to offer the latest and greatest."

For more information about the endowment or to make a donation, contact Dale Crail, development director for the School of Dentistry, at (706) 721-8614.

Dr. Michael Pruett wants to optimize the education of MCG dental students.

Gift Aims to Lure Dentists to Rural Areas

DR. MIKE CARR has always loved small-town life...the hunting, the fishing, the boating, and perhaps best of all, the five-minute commute to work.

"It's just a very nice quality of life," says Dr. Carr, a 1978 graduate of the Medical College of Georgia School of Dentistry and a dentist in Donalsonville, Ga.

Dr. Carr grew up in Donalsonville (at the far-southwest corner of the state, bordering Alabama and Florida) and knew he wanted to raise his own children there. But as much as he has enjoyed his 25-year general dentistry practice, he's feeling a bit overwhelmed these days.

"There are only three dentists in the area, so there's a real shortage in manpower," he says. "In both my Donalsonville office and my satellite office in Cuthbert, Ga., I could very much use an associate."

He feels that dentists don't know what they're missing when they opt for big-city life. "I think they assume they can have a much more lucrative career in a large city, but that's kind of a myth. If you like small-town living, you can make a very good living," he said, noting factors such as a lower cost of living and high demand for service.

Best of all, he said, working in rural areas helps dentists fulfill their desire to be of real service.

To help lure graduates to rural areas, he has created a $10,000 fund for the MCG School of Dentistry Rural Dental Health Initiative. "I'm trying to create incentive for students to go to rural areas where we have a great need," he says.

"Dentistry has been awfully good to me and I'm very appreciative of the fact that I was able to go to MCG and have a standard of living where I can educate my children and live well. I'm deeply indebted to MCG for that."

Dr. Carr and his wife, Beverly (who was an assistant in the Department of Pedodontics while her husband was in school) have raised three children, one of whom hopes to attend dental school.

"I'm hoping my son might join my practice some day," he says.

The fund will go toward scholarships for dental students who commit to practicing in a rural area. For more information, contact Dale Crail, director of development in the School of Dentistry, at (706) 721-8614.

Clinic Bolstering Service to Community

WITH A NEW director at the helm and extensive renovation under way, the Medical College of Georgia School of Dentistry Faculty Practice Clinic is bolstering its level of service to the community.

Dr. Travis Smith, a 1974 School of Dentistry graduate who practiced general dentistry in Tifton, Ga., for 30 years, signed on as director in November. He oversees the 38 faculty members who offer general and specialized dentistry in an environment that combines the best elements of private practice with the unique benefits of academic dentistry.

"We're probably the best-kept secret at MCG," said Dr. Smith. "We have all the expertise under one roof and can provide outstanding clinical care no matter what the branch or specialty."

Dr. Travis Smith has been named director of the Medical College of Georgia School of Dentistry Faculty Practice Clinic.

Patients are matched with specific dentists for general dentistry needs and/or specialized treatment. Dentist referrals and self-referrals are accepted. Management aspects of the clinic, including scheduling and payment, optimize patient convenience and seamless service, Dr. Smith said. Free parking is available adjacent to the dental school.

The clinic's eight operatories and other facilities are currently being renovated and equipment updated to ensure cutting-edge technology, but the renovations aren't impeding business as usual.

"We want to get the word out that we are available for people who have dental problems and want specialized care," Dr. Smith said. "With our diagnostic and treatment capabilities, we can solve almost any dental problem."

For more information about the clinic or to schedule an appointment, call (706) 721-2696.

Alum's Schedule a Study in Perpetual Motion

IT'S HARD TO imagine a more apt nickname for Dr. Barry Jardine than the one he answers to: Bear.

On the other hand, Bear's adventurous life would make even a grizzly's seem tame by comparison.

Bear, who graduated from the School of Dentistry in May, has battled raging storms in the Bering Sea, handled thousand-pound crab pots in the midst of 40-foot ocean swells, delivered babies in ambulances, raced into burning buildings and wrested car crash victims from the brink of death.

All in a day's work.

"I was a king crab fisherman in Alaska for several years, which has been cited as the most dangerous job in the world," said Bear, a native of Idaho. "The weather, long hours and dangerous equipment make it very hazardous. After I got married, my wife said that was enough of that."

But the fishing career, during which he sadly witnessed many injuries and even deaths, sparked his interest in health care. He traded the fishing boat for an ambulance and became a firefighter/paramedic. "The tough part is dealing with traumatic injuries day in and day out, particularly when children are involved, but it's gratifying to know I can help people," he said.

The job is also portable, which came in handy when his wife, Natalie, enrolled in the MCG Department of Dental Hygiene. "We wanted to start a family, and I wanted a career where I could work around my children's schedule," said Natalie. "I knew that with a dental hygiene career, I could work part time and make a good income."

The couple moved to Augusta in 1996. As Bear continued his career, he grew increasingly interested in his wife's education. "I got to

know a lot of the dental students, and I liked the idea of a career where I could continue helping people one on one, but without life-threatening circumstances."

He completed a bachelor's degree in biology at Augusta State University, then enrolled in the MCG School of Dentistry. At this point, the Jardines' family was growing (they now have three children under age 5) and Bear didn't have the luxury of quitting his job. For the first two years of dental school, he worked a 12-hour shift Friday nights and 24-hour shifts Saturdays and Sundays as a Burke County firefighter/paramedic.

He cut back on his hours slightly during his junior and senior years, but his schedule was still a study in perpetual motion. Between work, school, studying and parenting, downtime figured nominally into his routine. "I got some sleep occasionally," he said, adding cheerfully that he had no complaints. "Working on fishing boats, I grew accustomed to very little sleep."

Amid the grueling schedule, Bear was a wonderful husband and father, Natalie said. "He's an amazing man and I'm really proud of him. Whenever we need him, he's always there. He seems to find more hours in the day than I do."

He even found time to teach a Sunday school class to 7-year-olds, she added.

As Bear anticipated graduation, he looked forward to having more family time. Then again, he acknowledged that the concept of spare time will take some getting used to. "It'll almost feel like a vacation to have just one job."

Dr. O'Dell Honored

THE SCHOOL OF Dentistry Alumni Association has presented its 2004 Distinguished Alumni Award to Dr. Norris L. O'Dell, Associate Professor Emeritus in the MCG Schools of Dentistry and Graduate Studies.

Dr. O'Dell earned an MCG master's degree in anatomy in 1968, a Ph.D. in anatomy in 1972 and a dental degree in 1975.

He joined the MCG faculty in 1972 where he served in positions including associate professor of oral biology and cellular biology/anatomy, graduate program director of the oral biology and maxillofacial pathology, director of continuing dental education and course director for neuroscience, general microanatomy and oral histology. Dr. O'Dell has received numerous MCG teaching awards. He has served as editor-in-chief of the *Georgia Journal of Science* and is a fellow of the Georgia Academy of Science.

2004-05 School of Dentistry Alumni Association Officers

Gregory Griffin, Lincolnton, Ga.—President

Emmanuel C. Ngoh, Augusta, Ga.—Vice President

John Blalock, Martinez, Ga.—Immediate Past President

Barry Bennett, Martinez, Ga.—At-Large Director

Richard Callan, Evans, Ga.—At-Large Director

Celia P. Dunn, Evans, Ga.—At-Large Director

Grant Loo, Martinez, Ga.—At-Large Director

David A. Owings, North Augusta, S.C.—Out-of-State Director

Louvenia A. Rainge, Evans, Ga.—At-Large Director

Connie L. Drisko, Ex Officio—MCG School of Dentistry Dean

Carole M. Hanes, Ex Officio—MCG School of Dentistry Associate Dean for Students, Admissions and Alumni

Dale Crail, Ex Officio—MCG School of Dentistry Director of Development

Barry "Bear" Jardine juggled a firefighter/paramedic career with dental school.

Clinical Applications Abound with Bone-Formation Research

Dr. Nadel Elbokle (left) conducts research with Dr. Mohamed Sharawy.

THE THOUGHT OF excessive cell proliferation usually conjures the frightening specter of cancer, but the process can actually be manipulated for a patient's benefit, according to a Medical College of Georgia alumnus.

Dr. Nader Elbokle, who earned a Ph.D. in the Department of Oral Biology and Maxillofacial Pathology this spring, left his native country, Egypt, six years ago to study how to spur bone growth. After completing clinical work at Emory University in Atlanta, he transferred to MCG to work in the lab of Dr. Mohamed Sharawy, professor of oral biology and maxillofacial pathology. He returned to Egypt Feb. 29 to begin applying what he has learned.

"I wanted to be able to return to Egypt and give something back," said Dr. Elbokle. "There, I think I can make a real difference."

In Dr. Sharawy's lab, he built on the relatively recent discovery that new bone growth results when a surgically fractured bone is stretched.

"When you look at it under a microscope, it looks like cancer," he said of the process of excessive cell proliferation at the fracture site of stretched bone. As he delved into the cellular process involved, he discovered that cells multiply dramatically when the two sides of the fractured bone are stretched, or distracted. The proliferation is particularly excessive when the stretching begins, slowing dramatically midway through the tension.

"During the tension phase, marrow cells and other types of cells are upregulated," he said. "The tension effect is a stimulus to form new bone. We also see calcification and mineralization taking place, then stopping when the tension stops."

As the bone grows, muscles and tendons adapt and grow accordingly, Dr. Elbokle said. The result? "This has great clinical application in correcting disfigurement of craniofacial congenital anomalies," said his mentor, Dr. Sharaway. The method has treated countless children worldwide with abnormally small jaws The defect not only causes emotional distress because of the aesthetic abnormality but can impede vital functions such as breathing and eating, he said.

Bone growth also helps patients who have lost facial bone due to cancer or trauma. Other potential beneficiaries are sleep apnea patients who can breathe easier with surgically elongated jaws.

The process begins when an oral surgeon cuts the bone intended for elongation and inserts a stretching device. After waiting several days for a callous to develop at the fracture site, the oral surgeon stretches the bone approximately one millimeter a day until the desired length is achieved. The device is then removed and orthodontists are called in, if necessary, to match the patient's bite with his new bone structure.

"It's actually not painful at all except the first couple of days after surgery," Dr. Elbokle said. "The main complication is potential scar formation."

Once the new bone is in place, it grows at approximately the same rate as the existing bone. This is good news for all but patients who are congenitally primed for abnormal bone growth and generally require multiple surgeries throughout childhood.

"But this surgery absolutely changes their lives," said Dr. Sharawy. "They go from being horribly deformed to looking absolutely normal. It's amazing."

Dr. Elbokle is one of 24 international students that Dr. Sharawy has mentored at MCG in the past two decades. In addition to working with MCG students like Dr. Elbokle, he also mentors students in MCG's Joint Supervision Program, providing research experience for students earning a degree at a foreign university.

"The program greatly enhances the level of care the students are able to offer in their home countries," said Dr. Sharawy. "This is a wonderful opportunity to form international friendships and create ambassadors for the United States when these students return home."

Dr. Vaught Receives Distinguished Alumnus Award

THE SCHOOL OF Graduate Studies Alumni Association has presented its 2004 Distinguished Alumnus Award to Dr. Jim Vaught, special assistant for biological resources at the National Cancer Institute Division of Cancer Epidemiology and Genetics.

Dr. Vaught earned a bachelor's degree in chemistry from the University of Georgia and a doctorate in biochemistry from MCG in 1977. From 1976-78, he was a National Institutes of Health postdoctoral fellow at Roswell Park Memorial Institute, for which he received the National Research Service Award. In 2001, he received the NIH Merit Award.

He is a member of the American Association for Cancer Research and the American Society for Pharmacology and Experimental Therapeutics. He is a past president of the International Society for Biological and Environmental Repositories.

Student Fielding New Discoveries in Retina

MARK FIELDS IS helping unlock the mysteries of a virus that annually strikes over 500,000 Americans. His studies of the herpes simplex virus, and how it travels through the central nervous system, could someday help save the sight of thousands.

"One of the ways the herpes virus presents itself is through a disorder called acute retinal necrosis, an inflammation and deterioration of the retina. Over time, that leads to blindness," said the Medical College of Georgia graduate student who is researching how the immune system deals with viral infection in the retina and the central nervous system.

Under the tutelage of Dr. Sally Atherton, chair of the MCG Department of Cellular Biology and Anatomy, Mark is using a mouse model to track how a cytokine called TNF Alpha fights herpes viral infection. "Inside the mouse model, we can mimic the infection in humans," he said. "Cytokines are proteins which regulate the intensity and duration of immune responses. TNF Alpha, a cytokine known to play a role in apoptosis (cell death), is expressed in mice fighting infection in the eye. TNF Alpha recruits other cells in the immune system to join it in the fight."

Mark Fields has received a National Institutes of Health fellowship to advance his research.

Their research is aimed at defining the virus' pathways through the central nervous system, to explain why some herpes-positive people suffer retinal deterioration and others don't.

"There are millions of people who are herpes-positive, but a very small fraction will get this and we don't really know why," said Dr. Atherton. "The virus becomes latent in a number of sites. It reactivates and somehow ends up in the retina. Our lab is working to find out where the virus is and what route it takes to get into the retina."

By genetically manipulating the herpes virus, Mark and Dr. Atherton are creating a recombinant virus that expresses TNF Alpha, and then will use it in the mouse model. The process could lead to cytokine-based therapy, and a more universal impact on treating herpes viral infections than current anti-viral drugs, Mark explained. "Cytokine-based therapies tend to keep the virus at a latent-based point longer, and this can help reduce the damage to the optic nerve," said Mark, whose work in the field was recently honored with a National Institutes of Health fellowship.

The award, based on a student's qualifications and research plans, the school's training environment and the mentor's laboratory, will assist with Mark's salary, supplies and travel to present his research over the next four years. The application process was "very tedious and mind-blowing," Mark said, but one that taught him a great deal.

"I had to submit a grant proposal just as a primary investigator in a lab would," he said. "It meant laying

out every detail of my research plan, including experiment designs. It was very rewarding and humbling at the same time. You have to be very open to making corrections and adjustments.

"It was a great lesson in patience, and I've learned patience is essential in this field. It's not like clinical medicine where, in many cases, it's possible to make a diagnosis within a day or so of seeing a patient. In research, you may not get the results you expect in a day. You may not get the result you expect in a month. Then there comes a day where you get the results you were seeking and it makes it all worthwhile."

An Augusta native, Mark began thinking about a career in research during his junior year at Covenant College in Lookout Mountain, Ga. He came home to attend MCG's six-week Summer Educational Enrichment Program and returned to college with a new direction.

"I was kind of leaning toward science, but I wasn't exactly sure I wanted to do it for a career," he said. "I applied to SEEP because I knew it would help me decide if I wanted to pursue it any further. It was a great experience. We took classes in neuroanatomy and scientific writing and spent time in clinics and labs. It definitely helped me decide that I wanted to pursue science and attend MCG."

"Mark is a great ambassador for our graduate program," said Dr. Atherton, his Ph.D. mentor and previous boss. "He worked in my lab for six or seven months before he entered graduate school. He's evolving into an independent investigator, which is what a graduate student should be doing."

Noting that a mutual respect is essential for a successful mentoring relationship, Dr. Atherton said, "There's a certain chemistry needed between a student and mentor. I may have the most interesting lab in the world, but if the chemistry between student and mentor is not right, it won't be a successful learning experience. Mentoring a student is probably one of the most rewarding things you can do. It's fun to see [students] mature, think on their own and solve problems. There's a lot of work involved, but it is well worth it."

2004-05 School of Graduate Studies Alumni Association Officers

Dr. Dave Welter ('70), Augusta, Ga.—President

Dr. Jill Lewis ('89), Augusta, Ga.—President-Elect

Dr. Elizabeth Kenimer Leibach ('76), Augusta, Ga.—Past President

Steve Harrison, Augusta, Ga.—Secretary/Treasurer

Mary Chambers ('88), Augusta, Ga.—General Director

Charles "Rick" Hall ('94), Augusta, Ga.—General Director

Dr. Wanda Mundy ('77), Augusta, Ga.—General Director

Dr. Geraldine Rinker ('64), Augusta, Ga.—General Director

Rebecca Rule ('98), Augusta, Ga.—General Director

Dr. Art Taft ('98), Augusta, Ga.—General Director

Bill Jackson ('96), Augusta, Ga.—General Director

Dr. Laryssa McCloud ('98), Augusta, Ga.—General Director

Dr. Diane Turnbull ('87), Augusta, Ga.—General Director

Dr. Gene Cannady ('98), Augusta, Ga.—Nominating Committee Member

Dr. Jill Lewis ('89), Augusta, Ga.—Nominating Committee Member

Dr. Ken Roper ('69), Augusta, Ga.—Nominating Committee Member

Dr. Carol Lapp ('85), Augusta, Ga.—Nominating Committee Member

Dr. Gretchen Caughman, Ex Officio—Associate Dean, School of Graduate Studies

Dr. Matthew Kluger, Ex Officio—Dean, School of Graduate Studies

Students Honored by American Physiological Society

FIVE STUDENTS IN the Medical College of Georgia School of Graduate Studies are among 36 international recipients of the American Physiological Society's Caroline tum Suden/Francis Hellebrandt Professional Opportunity Awards for 2004.

The award provided funds for physiology students to attend and participate fully in the society's Experimental Biology Meeting, April 17-21 in Washington, D.C. MCG students awarded are Ahmed A. Elmarakby, Elizabeth D. Loomis, Christine S. Rigsby, Jennifer M. Sasser and Anita D. Smith. Each received $500 and complimentary registration to the Experimental Biology Meeting. They also presented an abstract to meeting participants.

"This award really helps enhance the career of these young people by calling international attention to their work," said Dr. David Pollock, associate professor in the MCG School of Graduate Studies and a member of the APS's Renal Section Executive Committee. "It also provides a lot of encouragement to the students by letting them know that what they are doing is important. The award encompasses all areas of physiological research and its review panel thinks what these students are doing is significant and worthy of note; this is an award based on the quality of their science, not on their personality or who interviewed well."

To be considered for the award, graduate students or postdoctoral fellows must be first author of an abstract submitted to the society and the abstract sponsor must be a society member. A nonprofit organization devoted to fostering education, scientific research and dissemination of information in the physiological sciences, the society has over 10,500 members, most of whom have doctoral degrees in physiology, medicine or other health professions.

"It's an amazing accomplishment and a testament to the strength of our graduate program that five of these students were from MCG," said Dr. Gretchen Caughman, associate dean of the School of Graduate Studies. "No other institution on the recipients list had as many winners."

It's a Match!

MORE THAN 80 percent of School of Medicine seniors found out during Match Day 2004 on March 18 that they will complete residencies at one of their top-three site choices. Forty-seven will remain in Georgia for their residencies, with 31 of those at MCG. For a complete list of the students' residency sites, visit www.mcg.edu/alumni/resappt04.pdf.

Medical student Temitope Soares shares his excitement with Dr. Donna Moore, assistant professor of pediatrics, as he learns he will complete a residency in Arizona at the Mayo Graduate School of Medicine.

School of Medicine Alumni Honored

THE ALUMNI ASSOCIATION of the School of Medicine has presented 2004 Distinguished Alumni Awards to Drs. Paul Stanton and Mims C. Aultman.

Dr. Stanton, president of East Tennessee State University, was honored for professional achievement. He earned a bachelor's degree in chemistry from Emory University and a medical degree from MCG in 1969. He completed residency training in general and vascular surgery at Georgia Baptist Medical Center in Atlanta. In 1985, he was named chief of the Division of Peripheral Vascular Surgery at East Tennessee State University College of Medicine, and in 1988 he served as interim dean of the college and vice president for the Division of Health Sciences. In 1997, he became the university's eighth president.

Dr. Aultman, a retired U.S. Army colonel and a member of the MCG class of 1953, was honored for loyalty to the university. He completed residency training in internal medicine at both MCG and University Hospital. In 1982, Dr. Aultman retired from the

Dr. Hobbs Honored for Family Medicine Education

DR. JOSEPH HOBBS, chair of Department of Family Medicine, vice dean for primary care and community affairs in the MCG School of Medicine and a 1974 School of Medicine graduate, has received the 2003 American Academy of Family Physicians' Thomas W. Johnson Award for Contributions to Family Medicine Education.

Dr. Hobbs also has been named the Georgia Rural Health Association's 2003 Distinguished Educator for serving rural and medically underserved populations.

"Dr. Hobbs' commitment to every aspect of primary care, from the quality of the practitioners to their availability to all Georgians, is clear to all of us who know and respect him," said Dr. David M. Stern, dean of the MCG School of Medicine.

The American Board of Family Physicians represents more than 94,000 family physicians, family practice residents and medical students nationwide. The Georgia Rural Health Association was established in 1981 to improve health care in Georgia's 118 rural counties.

Dr. Hobbs holds the Georgia Academy of Family Physicians' Joseph W. Tollison, M.D., Distinguished Chair at MCG.

Dr. Joseph Hobbs

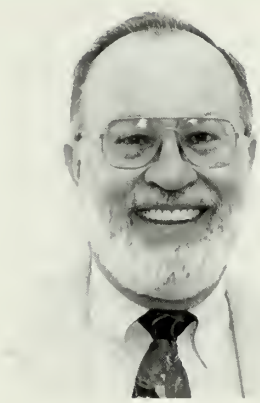
U.S. Army where he was an internal medicine physician. In 1984, he returned to Washington, D.C., and served as director of Health Care Services at the U.S. Soldiers' and Airmen's Home until 1993.

Endowment Honors Dr. McGahee

THE GEORGIA ACADEMY of Family Physicians Educational Foundation is honoring the late Dr. Ollie O. McGahee Jr., a family physician from Jesup, Ga., who played a pivotal role in medical education in the state, by establishing an endowment that bears his name in the Medical College of Georgia Department of Family Medicine.

"This $250,000 endowment will support the activities of a clinician-educator who mirrors the life and career of Dr. McGahee," said Dr. Joseph Hobbs, department chair and Georgia Academy of Family Physicians' Joseph W. Tollison, M.D., Distinguished Chair. "Dr. McGahee was an engaging man and an excellent physician who loved his patients and was loved by them. He made a tremendous contribution to the specialty of family medicine in his life and that work will live on in the practices of the students he taught as well as the work of the physician who is awarded this chair."

"We wanted some way to truly honor Dr. McGahee and his significant contribution to family medicine," said Pat Eubanks, the foundation's executive vice president. "We established the endowment at MCG because his heart and soul were there and because the Family Medicine Department was



Dr. Ollie O. McGahee Jr.

instrumental to the early success of the foundation."

Dr. McGahee, a 1958 graduate of the MCG School of Medicine, was a past president of the Alumni Association of the School of Medicine and a lifetime member of its board of directors. He died Jan. 1, 2003.

His longtime support of MCG was multifaceted, including serving as its advocate at the state level in efforts such as securing funding for primary care education, Dr. Hobbs said. In 1982, when the MCG Department of Family Medicine began sending third-year medical students to community-based practice sites for clerkships, Dr. McGahee was among the first to sign up, quickly becoming a mentor, not only for the students who rotated through his busy Jesup practice, but also for other physicians interested in teaching, Dr. Hobbs said.

Dr. McGahee was equally involved with the Georgia Academy of Family Physicians Educational Foundation, established in 1975 as one of the first continuing medical education providers in the country to develop, prepare and distribute the educational courses needed for certification by thousands of family practitioners within the state and throughout the nation once family medicine became a specialty, Ms. Eubanks said.

"Dr. McGahee served on the Board of Directors of the Educational Foundation from the very first day," she said. In 2000, the Educational Foundation shifted its focus toward providing grant support for educational initiatives, such as family medicine residency programs statewide. The Educational Foundation was the single largest corporate donor to the chair Dr. Hobbs holds, the Georgia Academy of Family Physicians' Joseph W. Tollison, M.D. Chair, established in 1997 and funded by a $1.1 million endowment, Ms. Eubanks said.

"We at MCG greatly appreciate the ongoing support of the Educational Foundation, most especially when that support also honors great clinician-educators such as Dr. Tollison and Dr. McGahee," Dr. Hobbs said. Dr. Tollison chaired the MCG Department of Family Medicine for 15 years and is now deputy director of the American Board of Family Practice.

Golfer Donates Proceeds to MCG

PROFESSIONAL GOLFER Charles Howell III is honoring his father and sick children by designating his proceeds from the 2003 PGA Tour's Presidents Cup to establish a pediatric surgery chair fund at the Medical College of Georgia.

"We are all allotted a certain amount of money to give to charity by virtue of playing in that tournament. It was pretty clear once I knew that where the money was going," said the 24-year-old son of Dr. Charles G. Howell, chief of the MCG Section of Pediatric Surgery, and Debra Hall Howell.

The $80,000 gift will establish the fund that likely will one day help recruit and retain an additional pediatric surgeon for MCG.

"I am very proud of him and proud of the fact that he is doing this. I guess the better he plays, the larger the fund might get," Dr. Howell said. "And I think the better he plays, the happier he will be."

"If the Lord is willing, as time goes on, I will give more and more to help support this work," said his son. A total of $500,000 is needed to establish an endowed chair at MCG.

Dr. Howell, a 1973 graduate of the MCG School of Medicine, has been an MCG faculty member since 1982 and chief of the Section of Pediatric Surgery since 1993.

Alumni Endow Plastic Surgery Chair Fund at MCG

AUGUSTA PHYSICIANS AND School of Medicine alumni Joseph M. Still Jr. and Robert F. Mullins have pledged $600,000 over the next five years to MCG's Joseph M. Still Jr. Endowed Chair Fund in Plastic Surgery.

The money will establish a permanent fund to support an established clinician, researcher and educator in plastic surgery. The term 'chair fund' will be maintained until the $500,000 requirement for endowing a chair is met, which likely will be in several years, at which time MCG will seek designation of the Joseph M. Still, Jr., Chair in Plastic Surgery from the University System of Georgia Board of Regents, said Keith

Todd, MCG vice president for university advancement.

"This is a wonderful expression of support for the Medical College of Georgia and the specialty of plastic and reconstructive surgery," said MCG President Daniel W. Rahn. "This type of philanthropic support helps provide the resources needed to move MCG forward as a premier academic medical center. The fact that these generous individuals are our alumni is a terrific bonus."

"I have always supported the Medical College of Georgia and am glad to have the opportunity to support excellence in the education of future plastic surgeons," said Dr. Still, a plastic surgeon and founder and medical director of the Joseph M. Still Burn Center at Doctors Hospital in Augusta, who also founded the MCG Section of Plastic and Reconstructive Surgery in 1972.

Dr. Still began thinking about the gift while talking recently with Dr. Thomas R. Gadacz, chair of the MCG Department of Surgery, about the needs of academic medical centers in these fiscally austere times of shrinking reimbursements and state support. "I thought about it and gave him a call," said Dr. Still. Dr. Gadacz remembers the call well: it was Halloween. "This is one of the few Halloweens I can remember where I got a true treat and no trick," he said. Dr. Gadacz, who holds the Moretz-Mansberger Chair of Surgery, has worked to establish chairs that support excellence in each surgery specialty since he came to MCG in 1991. With the announcement of the new plastic surgery chair fund, he has only one area left: pediatric surgery.

Dr. Mullins, a 1996 graduate of the MCG School of Medicine in practice with Dr. Still at Physicians' Multispecialty Group, P.C., joined Dr. Still in the pledge out of respect for him and the work of the MCG Section of Plastic and Reconstructive Surgery. The general surgeon has a long relationship with MCG that began before his own education here; he used to come to work with his father, the late Dr. Frank Mullins, a pathologist and faculty member at MCG for more than 20 years, who served as interim chair of the Department of Pathology from 1953-54. He continues the relationship at MCG by periodically teaching dermatology residents about burn care.

Dr. Still is a 1965 graduate of the MCG School of Medicine. He completed his general surgery residency at MCG, a plastic surgery residency at Duke University Medical Center and a hand fellowship at the Kleinert Institute in Louisville, Ky. He was on the faculty of MCG from 1973-75. Dr. Still is founder and a board member of Southeastern Firefighters' Burn Foundation and founder and president of the foundation's Research Consortium, Inc. He is on the advisory board of the National Burn Awareness Task Force. Dr. Still received the 2002 Hardman Cup from the Medical Association of Georgia, given annually to an individual who has solved public health problems or made discoveries in surgery, medicine and other areas of science.

Dr. Mullins is a graduate of MCG's physician assistant program as well as the medical school. He completed his general surgery residency at Spartanburg Regional Healthcare System in South Carolina in 2001 and joined Physicians' Multispecialty Group. His memberships include the Southeastern Surgical Congress and the American Burn Association.

Students Share Skills with Area Youth

WHILE WORKING ON her bachelor's degree at Wellesley College, Vandana Reddy developed a passion for helping underprivileged children.

"I volunteered in a violence-prevention program for Boston public schools," said Ms. Reddy, who just completed her first year of medical school at MCG. "I think the environment children are exposed to is key in helping them lead better lives and making better choices."

After starting medical school, she sought an outlet for her volunteerism. At Augusta's Boys and Girls Club, she found a need for her developing medical skills and her desire to make a difference.

"After talking with the director, it was clear that a lot of the kids at the Boys and

Photo provided

Medical students educate and entertain children at Boys and Girls Club.

Girls Club think they can only aspire to athletic careers; they don't have the confidence that they can do more than that," she said. "We plan to change that so they do know their amazing abilities and potential, and actually do something with it."

The Rev. Derwin Jackson, mentoring and volunteer director of the Boys and Girls Club, was delighted by discussions with Ms. Reddy about launching a health club where MCG students would share knowledge about health careers with his students. Ms. Reddy brought the idea back to her classmates and faculty and found an outpouring of support.

"I didn't know it when I started this, but so many people are already interested in working in a program like this," she said. "Someone just needed to initiate it, I suppose. Not only does the program let (MCG students and residents) teach what they know about their field, but also it lets them interact with bright kids and serve as mentors for them."

"Unbeknownst to me, several folks at MCG got together and came forward with a program. It has really been an awesome effort. MCG students and pediatric residents have really just done a wonderful job," said the Rev. Jackson.

In March, the planning and brainstorming came to fruition with an information session for Boys and Girls Club students about the Junior Medical League. Over 50 MCG students, residents and faculty, representing disciplines including nursing, dentistry, research, physical therapy, occupational therapy and medicine, came to the club to share with the Augusta youth. The league pairs children with an MCG mentor, and includes field trips to the campus, learning about careers in health care and receiving practical medical knowledge they can use in their everyday lives.

"This is a great opportunity to get these kids involved," said Mr. Jackson. "None of these children aspire to be physical therapists, dentists, doctors or nurses. If we can get their minds interested, and start their creativity flowing about what they can achieve, the results will be amazing."

Raft Debate Offers Wave of Insight

JACKIE DUBOSE IS a giant step closer to choosing her medical specialty after witnessing the second annual Medical College of Georgia Raft Debate.

"I'll probably choose family medicine," said the medical student who helped organize the debate with classmate Amy Vinson. "I like the idea of the continuity of care and the fact that you can interact throughout a patient's different stages of life."

The Raft Debate, sponsored by the School of Medicine Alumni Association April 16 for sophomore and junior medical students, featured MCG faculty members discussing the pros and cons of different medical fields.

A hypothetical scenario set the stage: a sinking ship with a pediatrician, family medicine physician and a surgeon on board and a life raft that held only one person. Each physician was challenged to prove his worth. The evening included a low-country boil and time for students to mingle with faculty and alumni.

"This was a great opportunity for students to get together with faculty and alumni in a more relaxed setting away from the hospital or classroom," said Ms. Dubose. "It was educational, but also a lot of fun. The dinner afterward was a good chance for students to talk one on one with faculty and alumni about their careers and to thank them for their support."

Dr. Paul Dainer, an MCG hematologist-oncologist, and

Dr. Lloyd B. Schnuck Jr.

Raft Debate participants try to keep their arguments afloat as "Gilligan" and "Mary Ann" (inset) serve as timekeepers.

Elizabeth Holt, a third-year student, initiated the program at MCG last year, modeling it after a Raft Debate Dr. Rainer witnessed at Oxford University in England.

Participants included moderator Dr. Ruth-Marie Fincher, a general internal medicine physician and vice dean for academic affairs for the School of Medicine, and devil's advocate Dr. Bill Dolen, professor of pediatrics in the Section of Allergy and Immunology.

The three doctors on the ceremonial sinking ship were Dr. Kathleen McKie, associate professor of pediatrics; Dr. David Jester, associate professor of family medicine; and Dr. Daniel Albo, assistant professor of surgery.

Dr. Fincher kept the debate on course as Dr. Dolen questioned and challenged the debaters; each stated his case, challenging the cases of fellow debaters and taking questions from the audience.

The students left the debate not only with a better understanding of the specialties, but with a keener sense of direction. "It was a good way to welcome second-year students into the hospital and for third-year students to get accustomed to passing on a little wisdom from rotations," said Ms. Vinson.

Alumni Association Awards Scholarships

TEN DESCENDANT scholarships of $3,000 each were awarded for 2004-05 by the Alumni Association of the School of Medicine of the Medical College of Georgia.

Scholarship recipients are Thomas Lane Estes Jr., Marcus Evans, Nathanael Mark Henson, Matthew K. Howard, Philip Jones, Thomas J. Martin, Beck Deal McAllister, Lawrence Odom, Elizabeth Richwine and Sandra Jean Scott.

The alumni association also awarded four Alumni Scholar Awards for 2004-05.

These four-year full-tuition scholarships are renewable annually and based on merit.

Award recipients are Melissa Breedlove (new recipient), Mary Knox (renewal), Shane Masters (renewal) and Daniel Claassen (renewal).

In addition, Charles Jackson, Cline Jackson, Lindsay Fields and Julia Engle will continue to receive the Class of 1961 scholarships. Also Jonathan Davis is the first recipient of the Ollie O. McGahee Jr., M.D. Memorial Award.

Dr. Haysman Named Association President

DR. MELVIN L. HAYSMAN, an allergist and immunologist in Savannah, Ga., and 1971 graduate of the Medical College of Georgia School of Medicine, has been elected president of the Alumni Association of the School of Medicine for 2004-05.

Dr. Haysman has been a member of the Alumni Association Board of Directors since 2000, serving as general director, first vice president and president-elect. He chaired the association's Nominating and Planning Committees in 2003-04. He has been a lifetime member of the alumni association since 1984 and is an active leader among his fellow Savannah alumni.

He is a physician at Savannah Allergy Associates, P.C. and is actively involved in research with Allergy Research of Savannah, Inc. His research interests include evaluating new therapies for asthma, seasonal allergic rhinitis, pneumonia and immunologic deficiencies.

Photo provided

Dr. Melvin L. Haysman

Dr. Haysman is an assistant clinical professor of medicine at MCG. He is a member of the American Medical Association, the American Academy of Allergy, Asthma and Immunology, the American College of Physicians and the Georgia Medical Society. He is a fellow of the American College of Chest Physicians and the American College of Allergy, Asthma and Immunology. He is an active member of the Savannah area Rotary Club.

Dr. Haysman completed an internal medicine internship at the University of Alabama Medical School, an internal medicine residency at MCG and an allergy and clinical immunology fellowship at Duke University Medical Center.

Dr. Haysman and wife Roberta Kamine-Haysman have three daughters.

2004-05 School of Medicine Alumni Association Officers

Dr. Melvin Haysman ('71), Savannah, Ga.—President

Dr. Peter Payne ('64), Augusta, Ga.—President Elect

Dr. Dan DeLoach ('74), Savannah, Ga.— First Vice President

Dr. Alan Kaplan ('82), Atlanta, Ga.— Second Vice President

Dr. Betty Wray ('60), Augusta, Ga.— Secretary/Treasurer

Dr. Scott Bohlke ('92), Statesboro, Ga.— Recent Graduate Member

Dr. Travis Caudill ('02), Waco, Texas— Class President Member

Dr. Kelley B. Dopson ('82), Atlanta, Ga.—General Director

Dr. Joe Hobbs ('74), Augusta, Ga.— General Director

Dr. Mary Bess Jarrard ('85), Athens, Ga.— General Director

Dr. Doug Johnson ('03), Augusta, Ga.— Class President Member

Dr. Mark Murphy ('88), Savannah, Ga.— General Director

Dr. Steve Shirley ('80), Athens, Ga.—General Director

Dr. Steve Simko ('04), Augusta, Ga.— Class President Member

Dr. Harvey Simpson III ('91), Milledgeville, Ga.— General Director

Dr. Scot Stewart ('97), Gainesville, Ga.— Recent Graduate Member

New Dean Articulates Keys to Success

WHEN DR. LUCY N. Marion agreed to take on a major leadership role at the University of Illinois at Chicago in 1995, the chill in the air wasn't solely due to the climate.

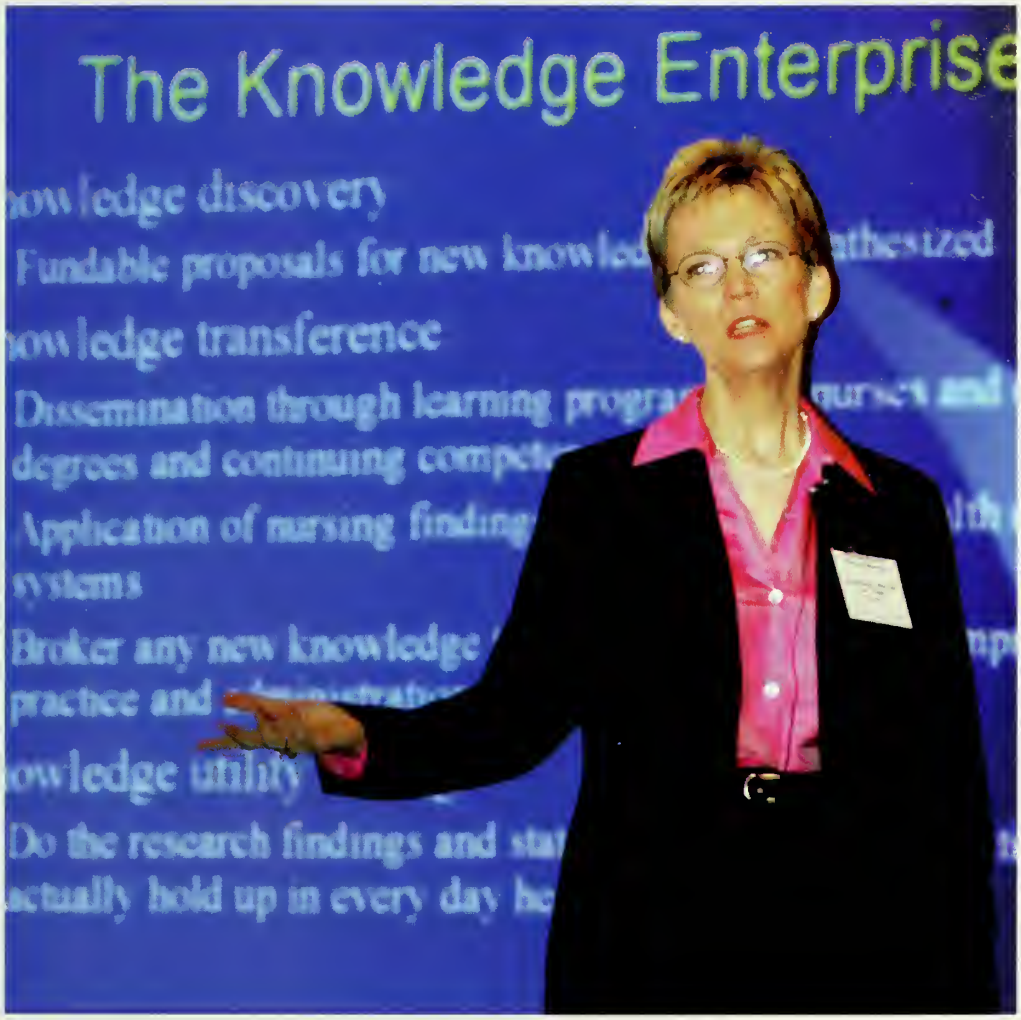
Dr. Marion was brought on board to head the Department of Public Health, Mental Health and Administrative Nursing—three departments that had been merged into one. Faculty members were wary of the change. Turnover was rampant and major research funding was low. Morale was reeling.

Where to begin....

Dr. Marion didn't have the luxury of feeling overwhelmed or pessimistic. There was work to be done, and lots of it. She did what comes naturally to her: She rolled up her sleeves.

Her first order of business was to assess the overall operation of the department. "It was pretty clear to me fairly soon that our resources weren't targeted to our mission," said Dr. Marion during a keynote speech at the March 11-12 "Bridging Practice Through Research" conference in Augusta sponsored by the Beta Omicron Chapter of Sigma Theta Tau International and the MCG School of Nursing, attended by approximately 140 nurses and other health care professionals. "We got people to think more about what they can do rather than what they were doing."

She assessed faculty strengths and made necessary adjustments. For instance, "our most able researchers were teaching up to three courses a semester, so we realigned responsibilities,"



Dr. Lucy N. Marion: 'We got people to think more about what they can do rather than what they were doing.'

Dr. Marion said. "We changed the vision of our staff from doers to technical instructors. We started interacting and collaborating more with other departments and ratcheted up opportunities for continuing education. You can't be a scholar if you're not traveling. To get the big vision, you have to go out into the world, so that's what we did."

She also cultivated the faculty's leadership skills even as she was cultivating her own. "I was in a leadership fellowship at the time, so everything I learned, I taught," she said.

Another top priority was research. She helped hone the faculty's grant-writing skills, then implemented a departmental peer review process so that grants were thoroughly vetted and critiqued before they ever reached the funding agency. Later, the college formalized the process for all faculty.

Dr. Marion also upgraded the department's technology. "When I got there, the faculty used too much of what I call 'stubby-pencil methods,'" she said. "Everybody used different software. Nothing was centralized." That changed quickly.

She capitalized on existing faculty and staff recognition programs locally, nationally and internationally to honor the good work being done and to encourage more of it by ensuring that excellence was acknowledged and appreciated.

The smallest details didn't escape her notice. For instance, she created a comfortable and attractive break area that fostered communication and comradery. She stocked the room with bottled water—instantly hot or cold for tea, coffee or cocoa. "I can't tell you how many people thanked me for making hot and cold water available," Dr. Marion said. "It makes a difference when you're happy where you are."

A decade later, the department is humming with faculty achievements. The nursing school is the university's third-largest recipient of National Institutes of Health funding. Dr. Marion's department was the first to support teaching undergraduates in an academic nursing center. The department also developed the university's first totally online course—in nursing informatics—and is developing the first practice doctorate in community health nursing with the help of federal funding. An online pharmacy course was developed and is now marketed to other programs.

The achievements reflect the hard work of many dedicated people, including an excellent dean, Dr. Marion said. Leadership, she noted, is the ability to recognize and reward that dedication by creating an environment in which it can thrive. Those management skills, she said, are vital in the nursing profession as a whole. "Nurses need to become better-prepared for management," she said.

Nurses, she said, must capitalize on existing strengths and take them to a new level. "Nurses are well-known for connecting with communities," Dr. Marion said. "We have a reputation as good partners. I think of nurses as high-knowledge technologists. We need to use our knowledge to move from theory-based research to translational research. It's our synthesis of research, education and practice that is so exciting in our field."

Nurses also must be willing to examine and re-examine conventional wisdom, continually improving the level of care. "We can no longer rely on a single major study and say, 'This is the way it is.' We have to bring information together and make a case for change when necessary."

Nurses in academia must not only prepare future nurses for such vigilance and flexibility, but must incorporate these characteristics into their educations. "Our students no longer want one size fits all," she said. "We have to individualize our teaching methods and measure our outcomes over and over again."

Dr. Marion is anxious to incorporate her leadership techniques at the MCG School of Nursing when she comes on board in July as dean. All components are in place for great success, she noted. The key is the courage to act on good ideas. "When you get a good idea," she said, "move on it. Don't take baby steps. Leap over tall buildings in a single bound."

Nursing Student Follows Family Legacy

ALAN INGLETT'S MOM always sensed that he would make a great nurse.

She should know. She graduated from the Medical College of Georgia School of Nursing and has worked for 25-plus years at University Hospital. Alan's aunt, Van Inglett, also is an MCG graduate and was director of nursing at University before retiring.

Alan has always been interested in science and health care, so it seemed natural to his mother that he would carry on the family tradition. But it didn't seem so natural to Alan. "Isn't that a female job?" he remembers asking his mother.

He opted for a more traditional route and enlisted in the Air Force. After nine years in the service, his mother's wisdom finally began to strike a chord. "I decided to finally do what I wanted to do and what I was called to do," he says.

Alan enrolled in the MCG School of Nursing last fall, despite the fact that his life is a bit more complicated now than when his mother first made the suggestion. His wife, Libby, is also a nurse and they home-school their five children, ages 2 to 15.

"Sometimes it's a bit tight money-wise, and the children

Nursing is a family affair for Alan Inglett.

don't see quite as much of me as they're used to, but we know it's only temporary," Alan says. "It's a sacrifice worth making."

He's accustomed to studying amid the din of a busy household. "It doesn't bother me a bit to have a movie on while I'm studying," he says. "I study no matter what's going on in the house. Chaos doesn't bother me."

Not that the schoolwork isn't challenging, he emphasizes. "It's harder than I imagined," he says. "I didn't have to study much in high school and college, but I got to MCG and, wow. I'm sweating some of this stuff. I find it very challenging, that's for sure. But I'm really enjoying it."

His experience in nursing school has also laid to rest his misconception about the field being "a female job." "A lot of my male friends have gone to nursing school at MCG," Alan says.

After graduating, he hopes to earn a master's degree and work in critical-care nursing. "Critical care is very focused care," he says. "You do everything for your patients, and that's where a lot of the new technology is."

He's anxious to get started, and his enthusiasm hasn't been lost on his family. "I think two of my children may go into nursing," he says. "I think the reason so many members of my family have gone into nursing is because it's a caring profession. It's just what I was looking for."

School of Nursing Alumni Honored

THE SCHOOL OF Nursing Alumni Association has presented 2004 Distinguished Alumni Awards to Jeannette Andrews and Dr. Gwen M. Felton.

Ms. Andrews, assistant professor of community nursing at MCG, earned a bachelor's degree in nursing from MCG in 1986 and a master's degree in family nurse practitioner from Georgia Southern University. She is earning a Ph.D. in nursing from the University of South Carolina and joined the MCG faculty in 1998. She received the 2001 Mary Chew Lunn Memorial Nursing Leadership Award and the 2002 MCG Nurse Practitioner Faculty Award. Ms. Andrews received the Beta Omicron chapter of Sigma Theta Tau's 2002 Excellence in Published Writing Award and 2002 Reflection of Nursing Spirit and Commitment Award.

Dr. Felton, professor and chair of family and community health nursing at the University of South Carolina, earned a bachelor's degree and Ph.D. from the University of South Carolina and a master's degree in nursing from MCG in 1974. She received the 2003 USC Outstanding Graduate Program Teacher Award and was named the 2001 Outstanding Nurse Practitioner Researcher by the National Organization of Nurse Practitioner Faculties. She is a member of Sigma Theta Tau and a fellow of the American Academy of Nursing.

Alumna Honored for Study of HIV-Infected Mothers

DR. DONNA SHAMBLEY-EBRON, who earned a Ph.D. with distinction in nursing from the Medical College of Georgia last fall, has been honored by the Southern Nursing Research Society for her student research examining cultural strengths of HIV-infected African-American mothers.

Dr. Shambley-Ebron, whose research was overseen by Dr. Joyceen Boyle and funded by the American Nursing Foundation, won first place in the Graduate Student Poster Session at the Southern Nursing Research Society for the research, "Self-Care and the Cultural Meanings of Mothering in African-American Women with HIV/AIDS."

"I'm an African-American woman myself, so I already had a strong sense of the culture," said Dr. Shambley-Ebron, now an assistant professor of nursing at the University of Cincinnati. "But for this project, I thoroughly immersed myself in the lives of the 10 women I was studying. In trying to determine their cultural strengths, I spent about a year doing interviews, observing them in their homes, churches and communities and analyzing data."

The women all lived in the Southeast and had at least one HIV-infected child.

Dr. Shambley-Ebron found that the study participants exhibited similar coping strategies, which she attributes to the African-American culture. "I found that they utilized cultural strengths to deal with all the negativity they were faced with," she said. For instance, all were strongly spiritual and many had close ties with their churches.

"The overarching cultural theme was creating a life of meaning," she said.

The women also had meaningful relationships with other women, relying on them for support and returning the favor when needed.

But their most notable characteristic, Dr. Shambley-Ebron said, was their fierce commitment to their children.

Photo provided

Dr. Donna Shambley-Ebron

"Most adhered to their medication regime, and they made sure their children took their medication," she said. "They really wanted to be around to take care of their children, and that was their motivation to take care of themselves."

Their relationships with men were more conflicted. All 10 women in the study were infected with HIV from men they loved. Some still had relationships with the men during the study; others had lost them to death or estrangement. "They often had disabling relationships with men early in their lives," she said, "but I don't think they had a problem with men in general." One of the women had a new man in her life at the time of the study—"a man who was very supportive of her even though she was very ill and has since passed away," Dr. Shambley-Ebron said. "He took care of her every need and now cares for her children."

Dr. Shambley-Ebron hopes that a better understanding of the culture will help health care professionals optimize the care of HIV-infected African-American women. "The women understood when their doctors or nurses

would talk to them about the importance of things like exercise and good nutrition," she said, "but their health care providers didn't recognize or understand the importance of things like spirituality in their lives—things that really fit into their reality. There is a network, a heritage and a history of strength in this community. Women pull from those cultural strengths. It helps them cope during times of adversity."

Dr. Shambley-Ebron is expanding on her research by delving into the culture of African-American girls. She hopes these young women can draw on a rich heritage of strong cultural values. "If young women can reach back and learn those cultural strengths, then perhaps as they get older, they can draw on that strength as their ancestors did," she said. "That kind of strength leads to wise choices and good decisions—the most important components of primary preventive health care."

Dr. Nugent Named Leadership Fellow

DR. KATHERINE NUGENT, interim dean of the Medical College of Georgia School of Nursing and professor of nursing science and graduate studies, has been named a fellow of a national leadership program.

The 2004 Leadership for Academic Nursing Program of the American Association of Colleges of Nursing enhances leadership capabilities of academic administrators in nursing programs. The yearlong program will provide a focused assessment experience, a range of content and case studies related to successful leadership and the opportunity to develop long-term partnerships with mentors and peers.

"This program will address challenges faced by academic administrators leading academic nursing organizations," said Dr. Nugent. "I'm very pleased and honored to have the opportunity to participate."

The American Association of Colleges of Nursing represents America's baccalaureate and high-degree nursing education programs.

Dr. Turner Named CSRA Nurse of the Year

DR. SAUNDRA L. TURNER, interim chair of advanced practice nursing at the Medical College of Georgia, has received the 2004 CSRA Nurse of the Year Award.

The award was presented by the Georgia Nurses Association, the state's largest professional nursing association for registered nurses in all practice settings.

Dr. Turner, who also is a family nurse practitioner and assistant professor of family medicine at MCG, volunteers her primary-care services one afternoon a week at the Dearing Community Health Clinic in Dearing, Ga., a rural community approximately 30 miles from Augusta.

"I'm very struck by the relationship between Dr. Turner and her patients," said Sharon Roberts, a registered nurse who is earning a bachelor's degree in nursing from MCG and assisting Dr. Turner as part of her clinical training. "They trust her and know her on a first-name basis."

In addition to providing checkups and making referrals when necessary, Dr. Turner talks to her patients about healthy lifestyles, encouraging them to be their own best health advocates.

"I can't imagine a more caring, ambitious and hardworking individual," said Wendy Jackson, a student of Dr. Turner's. "Dr. Turner is an asset to the community and works hard to extend her spirit of volunteerism into many areas in Georgia."

Dr. Turner received the 2004 Leadership in Health Award from Health Students Taking Action Together. She is a member of the Georgia Nurses Association and twice served on its Executive Committee. She earned a bachelor's degree from American University, a master's degree in nursing from the Catholic University of America, a doctorate in education from the University of Georgia and a post-master's certificate in family nurse practitioner from Georgia Southern University.

Dr. Saundra L. Turner examines a patient at the Dearing Community Health Clinic.

2004-05 School of Nursing Alumni Association Officers

Clara Lytch, Evans, Ga.—President

April Porterfield, Evans, Ga.—Vice President

Phillip McHugh, Evans, Ga.—Treasurer

LaDonna Walker, Augusta, Ga.—Secretary

Orrin Aske, Augusta, Ga.—Immediate Past President

Kathy Anderson, Augusta, Ga.

Saul Josman, Augusta, Ga.

Mary Speir, Augusta, Ga.

Pamela Lyles-Young, Martinez, Ga.

Robbie Gardner, Augusta, Ga.

April Hill Turner, Augusta, Ga.

Lucy Marion, Ex Officio—Dean, MCG School of Nursing

Elizabeth Meehan, Ex Officio—Director of Development, MCG School of Nursing

Several MCG classes had reunion dinners at Augusta's Radisson Riverfront Hotel during Homecoming 2004.

All reunion photos provided

School of Medicine Class of 1944

School of Medicine Class of 1949

School of Medicine Class of 1954

School of Medicine Class of 1959

School of Medicine Class of 1964

School of Medicine Class of 1974

Deadline for submitting information for publication in the fall issue of* AlumNews *is July 30, 2004.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up to date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso; FI-1040; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6397, e-mail to cderiso@mcg.edu or use the enclosed envelope.*

Homecoming 2004 Reunion Photos, continued

School of Medicine Class of 1994

School of Dentistry Class of 1974 (with spouses)

School of Dentistry Class of 1984 (with spouses)

Class Notes

Scenes from Homecoming 2004 are featured through page 62. Above: MCG President Daniel W. Rahn (center) congratulates 2004 Distinguished Alumni Dr. Paul Stanton (from left), Dr. Mims C. Aultman, Octavia Garlington, Dr. Norris L. O'Dell and Dr. Jim Vaught.

School of Allied Health Sciences

Barbara Tanenbaum (Department of Dental Hygiene) has been named interim special assistant to the vice president for academic affairs at Armstrong Atlantic State University. She continues to serve as head of the Department of Dental Hygiene, a position she has held since 1993.

Dr. Hamilton Boone (Department of Physician Assistant, '80), is CEO and founder of Physician Assistant Services in Melbourne, Fla. Physician Assistant Services provides surgical physician assistants to surgeons/hospitals in most specialties, with concentration in neurosurgery, general surgery, obstetrics/gynecology and orthopedics. Areas of emphasis include total joint replacement, spine surgery, cage placement and stealth technology.

Deborah J. Wallace (Department of Occupational Therapy, '82), Macon, Ga., has received a master of divinity degree from Emory University's Candler School of Theology.

David M. Furukawa (Department of Physician Assistant, '94) has been elected a trustee of Atlanta's Center for the Visually Impaired. The center offers comprehensive services to promote independence and self-worth for the visually impaired. Mr. Furukawa is a physician assistant at Emory Eye Center and a support group facilitator for the Atlanta Chapter of the Foundation Fighting Blindness. He is the education chair and historian for the Southeast Chapter of the Japanese American Citizens League and is a member of the Living Historians, which re-enacts Civil War, World War I and World War II military experiences.

Brandon Pletsch (Department of Medical Illustration, '03), received the first Award in Interactive Medical from the National Science Foundation Science and Engineering Visualization Challenge. The international contest, which debuted last year, recognizes outstanding achievements by scientists and engineers in using visual media to promote understanding of research results. The award honored Mr. Pletsch's animation, "Auditory Transduction," which he created while earning his MCG degree. His major advisor was Steve Harrison, chair of the Department of Medical Illustration.

Obituaries

James Ralph Jessee, a 1978 graduate of MCG's dental lab technician program, died Feb. 18, 2003 at age 64. He was a retired U.S. Army master sergeant and worked as a dental lab technician at MCG for 19 years.

School of Dentistry

Dr. L. Travis Smith ('74) has joined the MCG faculty as assistant professor of oral rehabilitation and director of dental faculty practice after practicing dentistry in Tifton, Ga., for almost 30 years.

Dr. W. J. "Jimmy" Walker, Jr. ('75), Augusta, was re-appointed by Gov. Sonny Perdue for a second term on the Georgia Board of Dentistry; he has served six years on the board by appointment of former Gov. Zell Miller. Dr. Walker holds fellowships in the Academy of International Dentists and the American College of Dentists and serves as a dental consultant/dentist for the Georgia Department of Juvenile Justice.

Dr. Isaac Holton ('76), an Augusta orthodontist and assistant clinical professor of orthodontics, received the 2003 MCG School of Dentistry Distinguished Alumnus Award.

Dr. Bruce Ashendorf ('81) is the immediate past president of the Thomas P. Hinman Dental Society, an organization that develops and fosters scientific dentistry and dental education through regular meetings and sponsorship of the Thomas P. Hinman Meeting.

Dr. Greg Goggans ('84) has announced his bid for Georgia's District 7 senate seat being vacated by Peg Blitch. The district encompasses Atkinson, Bacon, Berrien, Clinch, Coffee, Echols, Lanier, Pierce and Ware counties and much of Cook County. Dr. Goggans has been a full-time orthodontist since 1996, operating offices in Douglas and Fitzgerald, Ga.

Dr. David Carter ('91) practices orthodontics in North Augusta, S.C.

Dr. Tina Moses ('99) joined the MCG faculty after earning her dental degree and is completing MCG's pediatric dentistry residency part time.

Dr. Heather Watkins ('01) is completing a periodontics residency at MCG and placed first in a Southern Academy of Periodontology research competition. The 2003 Billy M. Pennel Research Competition, named for a former MCG Department of Periodontics chair, is open to periodontics residents and graduate students in training programs in nine southeastern states. Dr. Watkins' entry compared healing rates of HIV-positive adults to HIV-negative adults following scaling and root-planing therapy.

Dr. Rhoda Joyner ('03) practices general dentistry in Evans, Ga.

School of Medicine

Dr. Curtis M. Phillips ('43), Jacksonville, Fla., made a $2.15 million gift to the University of Florida Center for the Performing Arts which now bears his name. His gift was eligible for state matching funds and is expected to create a total endowment of $4.3 million for the Phillips Center. Dr. Phillips completed his residency at MCG in 1947 and served as an assistant professor of pathology until 1952 and as a surgery resident until 1957. He was a fellow in oncology at Memorial Sloan Kettering Center in New York, and served as oncologist, back-up pathologist and chief of cancer surgery at Baptist Memorial Hospital in Jacksonville. Two of his children and his granddaughter are University of Florida graduates.

Dr. Irving Victor ('44) received the first honorary doctorate awarded by Armstrong Atlantic State University in Savannah, Ga. Dr. Victor attended the institution in 1939 when it was a junior college. He continued his education at the University of Georgia and the Medical College of Georgia, then, as a urologist, studied in Minnesota under Dr. Frederick E.B. Foley, inventor of the Foley catheter. Dr. Victor has served as chief of staff for all three Savannah hospitals, helped establish the Chatham County Emergency Medical Services and has led various Armstrong Atlantic foundation and alumni organizations, including chairing the Armstrong College Commission which oversees a $350,000 endowment fund. Georgia state universities are authorized by the Board of Regents to award up to two honorary degrees per year. Dr. Victor was cited for his service to the community as well as to AASU.

Dr. Frank C. Wilson ('54), Kenan professor and emeritus chief of orthopaedics at the University of North Carolina School of Medicine, received the second annual American Orthopaedic Association Smith & Nephew Distinguished Clinician-Educator Award at the association's June meeting. The national award, presented by the association and the Smith & Nephew Co., honors outstanding contributions to orthopaedics in the roles of clinician and educator.

Dr. Charles Dean Ray ('56) of U.S. Surgical Corp. and Raymedica Inc. has received two awards for his research, development and clinical application of a unique prosthesis to replace the painfully degenerated human spinal disc. He was named Gold Winner of the Medical Design Excellence Award for 2000, presented by Canon Communications, LLC. He also received the R&D 100 Award for outstanding medical device development for 2000. He also received one of three R&D 100 Best of the Best Awards for the product with the most humanistic application.

President's Reception

Dr. Jerome H. Siegel ('60), New York City, is clinical professor of medicine at the Albert Einstein College of Medicine. He received the 2001 Master Endoscopist Award from the American Society of Gastrointestinal Endoscopy and was listed in the 2001 Castle-Connolly *Top Doctors in America* as a gastroenterologist-endoscopist.

Dr. A. Bleakley Chandler, professor and chairman emeritus of the MCG department of pathology, and Dr. Robert A. Hand ('61) have authored two research papers on arteriosclerotic heart disease which have been recognized as landmark publications in the November 2002 issue of the international science journal, *Nature/Medicine*. A 29-member panel of distinguished scientists selected 96 research papers on atherosclerosis published between 1900 and 2000 as classics in the field. Two of the 96 papers from the past 100 years were selected as landmark publications.

Dr. Van Knowles ('66) leads the Southwest Georgia Medical Mission Team, a group of Christian physicians and medical technicians who travel annually from Albany, Ga., to Third World countries. Most recently, the group has focused its efforts on Hindu India where only about 2 percent of the population is Christian and the government won't allow entry if the mission is to convert people to Christianity. "We do our Christian work by example," says Dr. Knowles. The group became an independent 501(c)3 corporation in 1993 so it could qualify for donations of medical supplies and equipment.

Dr. Paul E. Stanton Jr. ('69), president of East Tennessee State University, received the 2003 Spirit Award from Mountain States Foundation. Since joining ETSU in 1985, Dr. Stanton has helped develop The Children's Hospital at Johnson City Medical Center, a pediatric residency program at the hospital, a Ronald McDonald House and the regional Med Tech Center. He is a member of the American Heart Association, Johnson City Area United Way, Boy Scouts of America, Ronald McDonald House Board of Directors, Munsey Memorial United Methodist Church and the Tri-Cities TN/VA Regional Partnership "Vision 2025—From Vision to Reality" Project.

Dr. Jeffrey P. Harris ('72), Winchester, Va., completed his term as chair of the Board of Governors of the American College of Physicians-American Society of Internal Medicine in April. The ACP-ASIM is the nation's largest medical specialty society. Its membership comprises more than 115,000 internal medicine physicians and medical students. The Board of Governors, composed of ACP-ASIM governors elected by college members throughout the United States, Canada and Central and South America, advises the society's Board of Regents. Dr. Harris has practiced

internal medicine and nephrology in Winchester, Va., since 1977. He is a clinical associate professor of medicine at the University of Virginia School of Medicine and serves as a preceptor for third-year students in the university's community-based teaching program.

Dr. Carl Dohn ('75), an obstetrician in Brunswick, Ga., and experienced amateur woodworker, built the table for the G-8 summit of world leaders June 8-10 on Sea Island, Ga.

Dr. William B. White ('78), Farmington, Conn., is chief of the Division of Hypertension and Clinical Pharmacology at the University of Connecticut Health Center, where he also directs the Clinical Trials Research Unit. His book, *Blood Pressure Monitoring in Cardiovascular Medicine and Therapeutics*, was published by Humana Press in 2000. He also started a journal devoted to original research, "Blood Pressure Monitoring," which was indexed by MEDLINE and published by Lippincott Williams & Wilkins.

Dr. Chris Cates ('82), director of vascular intervention at Emory University and director of the Vascular Program at the Emory Heart Center at Emory Hospital and Crawford Long Hospital, is the interventional cardiology representative of the American College of Cardiology's Coding and Nomenclature Committee.

Dr. Joy Maxey ('84) served in 2001 as the first woman president of the Medical Association of Georgia. Her leadership focused on patient rights and safety, challenging legislators, regulators and insurers to ask of every rule, regulation or law, "Is it good medicine?" Dr. Maxey was first introduced to the idea of becoming a physician by an MCG clinical professor who was intrigued by her ninth grade first-place science fair project on acne. She also includes Dr. Joe Bailey as an important mentor during her years at MCG. Dr. Bailey called her attention to the needs for an improved medical care system in the state and nation.

Dr. Kay M. Mitchell ('86), a Jacksonville, Fla., internist and geriatrician, has been elected governor of the American College of Physicians' Florida chapter through 2008. Dr. Mitchell also is an assistant professor of medicine at the Mayo Clinic in Jacksonville and a member of the American Cancer Society and Arthritis Foundation. She participates in nurse education and delivers community lectures on health issues.

Wesley Hobbs photo

School of Dentistry lecture

Dr. Arden L. Levy ('89) of Foothills Allergy & Asthma Associates in Spartanburg, S.C., was included in the 2002-03 Consumers' Research Council of America's *Guide to America's Top Physicians*.

Dr. Jennifer Garst ('90) has received Duke University's 2003 Algernon Sydney Sullivan Award. The award honors professional distinction and outstanding community service. "Dr. Garst has not only excelled as an excellent clinician and an enthusiastic educator, but has demonstrated character, compassion and a sense of community responsibility in her advocacy for oncology patients and their families at Duke Hospital and in Durham and surrounding communities," said Sam Miglarese, chair of the Duke faculty/staff committee that selected the 2003 recipient.

Dr. John Michael Roach ('95), Eye Consultants of Atlanta, has been named to the Board of Trustees of the Center for the Visually Impaired in Atlanta. Dr. Roach completed his residency in Ophthalmology at Wake Forest University School of Medicine and is certified by the American Board of Ophthalmology. He is a member of the American Academy of Ophthalmology and the Georgia Society of Ophthalmology. The CVI is Georgia's only comprehensive, fully accredited, private rehabilitation facility and annually provides services to more than 3,500 individuals of all ages who are blind or visually impaired.

Dr. Douglas Y. Roese ('95) has joined Southern Indiana Surgery Inc. to expand the center's vascular surgery efforts.

Navy Lt. Craig J. Randall ('99) recently participated in Operation Iraqi Freedom while assigned to the 24th Marine Expeditionary Unit based in Camp Lejeune, N.C.

Dr. Melvin Fussell, who completed a urology residency at MCG in 2002, has joined the Crisp Regional Hospital medical staff in Cordele, Ga.

Dr. Roger A. Ray, who completed a neurology residency at MCG, has been named chief medical

School of Allied Health Sciences luncheon and lecture

School of Medicine Dean's Reception

officer of Morton Plant Mease Health Care in Clearwater, Fla.

Obituaries

Dr. William T. Steele ('44), Winter Haven, Fla., died March 7 after a short illness.

Dr. Colquitt Sims Jr. ('45), Anderson, S.C., died May 12, 2003.

Dr. Thomas J. Howard ('49) died March 21. He was a U.S. Army captain in Korea and was awarded the Purple Heart and Bronze Star. After completing his military service, he maintained a private practice in Augusta and was on the staff of St. Joseph Hospital and University Hospital. Survivors include wife Lura, a daughter, Dr. Monique Howard Lentz and her husband, David Lentz, and a granddaughter, Hilary Howard Lentz.

Dr. Jacob H. Holley ('62), Donalsonville, Ga., died Dec. 11, 2003 at age 69. Dr. Holley, who had a family practice in Donalsonville for many years, was the medical director of the Seminole County Public Health Department and former chief of staff at Donalsonville Hospital. Survivors include wife Betty Neal Holley, four daughters, two sons and 13 grandchildren.

School of Nursing

Dr. Jean Sumner (B.S.N., '73, A.M.S.N., '74), Wrightsville, Ga., has been named an at-large member of the Georgia State Board of Medical Education. Dr. Sumner, who earned a medical degree from Mercer University, is medical director of the Oconee Health Care Nursing Facility and has a private practice in internal medicine at Washington County Internal Medicine, P.C. She serves on the board of the Georgia Rural Health Association. Dr. Sumner is president of the American Medical Directors Association and chair of the Continuing Medical Education Committee. She and husband Joe have two children.

Dr. Lenette Owens Burrell (M.S.N., '72), a senior research scientist at the University of Georgia Gerontology Center, has received the 2003 Georgia College and State University Alumni Achievement Award. Dr. Burrell earned a bachelor's degree from Georgia College and State University in 1966 and a doctorate in adult education from UGA in 1978. She was on the MCG School of Nursing faculty from 1972 to 1998 and has co-authored with her husband four editions of *Intensive Nursing Care/Critical Care* and two editions of *Adult Nursing*. She has received an MCG Outstanding Faculty Award and was elected CASE Professor of the Year while at MCG. She and her husband, Dr. Zeb L. Burrell Jr., have four children.

Helen W. Valentine (M.S.N., '74), although retired, works two days a week as an APN in Hot Springs, Ariz. She works with six internists and sees patients who are depressed, anxious, dealing with stress and/or grief. She divides her two days between the two offices. She is board certified in her specialty by ANCC.

Marlene Jordan Marsh ('76), Evans, Ga., retired May 5, 2000 after 20 years at the Department of Veterans Affairs Medical Center.

Cynthia Captain ('77), Rome, Ga., practices critical care nursing.

Homecoming Dance

A Voice in the Night

Dr. Cheryl Hawk ('88)

Editor's note: *Dr. Hawk, a 1988 graduate of the MCG School of Medicine and a graduate of MCG's Pediatric Residency Program, is a pediatrician in Ocala, Fla. This essay is republished with permission from* Moms and Dads Magazine.

I HEAR A voice tonight. It has echoed through my mind many times, for many years. I hear a voice tonight. It is the voice of a man holding his only child—a son. I hear a voice tonight. And although I try to forget it through the years, I know I never shall. I hear a voice tonight. A voice crying out to his Creator begging for forgiveness, for a second chance. Listen to his voice.

Over the past decade, I have seen people come and have seen them go. I've diagnosed colds, colic, cramps, dermatitis and DTPs. They are common, mundane, routine and pay the bills. And although, quite frankly, the older I get the more I prefer dull to devastating, I simply don't remember what I do on a day-to-day basis. However, there have been times during my professional life that God has allowed me to interface with folks I will never forget. I may not remember their names or what they looked like, but I will never forget their story, nor shall I forget their pain.

Photo provided

Dr. Cheryl Hawk with patient Blaine Baxley. Dr. Hawk recently biked 100 miles in Lake Tahoe to raise $8,000 for the Leukemia and Lymphoma Society in honor of Blaine, who has leukemia.

It happened one common, mundane, routine evening while I was on call at the large medical center where I trained. I had only recently graduated from medical school and was an intern. I was hanging out at the nurses' station, I'm sure doing something incredibly important like ordering dinner for the senior resident.

While there, I overheard some of the nurses talking about a man who, while sleeping with his infant son, had suffocated him. The child was presently on a ventilator in the intensive care unit and the doctors were concerned about brain swelling due to temporary lack of oxygen.

"How sad," I thought. "And how stupid of that father to roll over on his son. Of all the irresponsible things. I bet the child didn't even have a crib! Hey, isn't anyone going to call Child Protection Services? Isn't this abuse?"

Then—I saw him. In the midst of my zeal, arrogance and anger, I saw him come out of the ICU. Not the stupid, irresponsible man I supposed in my mind, but a large, kind-appearing man with a face bearing more pain and sorrow than anyone I had encountered before. This is a man I later learned had worked three eight-hour shifts at his place of employment for the betterment of his family. Though poor, he had refused government assistance. And so exhausted was he that he never realized his wife had their infant son in bed when he fell into it from fatigue. And so big was he that he didn't even know he was suffocating the child he had worked so hard for. And so ashamed was I for judging another human in the most tragic of circumstances with information I had only assumed to know.

At 3 a.m., the neurology team confirmed the worst: the child was brain-dead. Then the questions arose—you know, the ones we think are only used on television: "Who should we call for you?" "Can we have some of his organs?" "What time should we disconnect life support?"

Finally, the new day broke and the sun came up. For an intern, this is a glorious moment—one night down and only a million more to go. But this morning was not glorious. This morning, a father knelt beside his infant son while a young doctor-to-be slowly disconnected tubes and wires and wished it were some other doctor-to-be on duty that night. And this was the night when a young intern sat on the floor by the door of an ICU and, through her own tears, heard the wails of a father holding his dead son. This is the morning I have never forgotten.

I could list all the reasons infants should not sleep with their parents, reasons ranging from poor sleep patterns to the interference of the marital relationship. But rather than lists and lectures, I wanted to share this story—the story of a man who, no doubt, still cries for his child—a father who, no doubt, would tell you not to sleep with your infant. It happened to him; no doubt it could happen to you.

I hear a voice tonight. I hope you hear it, too.

Medical College of Georgia Today welcomes submissions to the *Reflections* segment of the magazine. Typed essays (approximately 750 words long) reflecting a professional or personal concern of a member of the MCG community should be submitted to: Christine Hurley Deriso, Editor; *Medical College of Georgia Today;* FI-1040; Medical College of Georgia; Augusta, GA 30912; (706) 721-2124 (phone); (706) 721-6397 (fax); cderiso@mcg.edu (e-mail).

MCG PRESIDENT Daniel W. Rahn was invited by Georgia Gov. Sonny Perdue to participate in a June 8 briefing in Savannah, Ga., on Georgia public health for national and international credentialed media during the G-8 Summit. Sharing the stage with Dr. Rahn are Dr. Louis Sullivan (left), former secretary of the U.S. Department of Health and Human Services and founding dean, director and president of Morehouse School of Medicine, and Dr. Steve Stice, Georgia Research Alliance Scholar and associate professor and senior research scientist in the University of Georgia Department of Animal and Dairy Science.

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